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OBSERVATIONS ON CEPHALÉA,

Addressed to the Editor by Dr. Peachey Harrison, *dated Harrisonburgh, Rockingham County, Virginia June 12th,* 1809.

I HAVE frequently thought it somewhat surprising, that an ailment so generally prevalent, and so peculiarly afflicting to many individuals in every community as head-ache, had not been more particularly noticed by systematic, or at least by practical writers.—This neglect must have arisen either from an opinion that there is no such complaint as *idiopathic* head-ache, or that it is of too little importance to be treated of in a system of medicine. Cephalæa is indeed introduced by Dr. Darwin into his system, but in such a transient way as to induce the belief, that it is but a trivial or unfrequent complaint, or at most, only sympathetic. But no practitioner of physick in this country need be informed, that head-ache is idiopathic, frequent and very afflicting. I am acquainted with a number of persons who scarcely pass a week without experiencing one or more attacks of this distressing malady. But

why has it not been noticed by practical writers? I recollect no account of it as an idiopathic disorder given by any practical writer, except that by Dr. Dwight published in the 1st Hexade, 2nd vol. Medical Repository; and in this, the author professedly treats of that description of Cephaléa, which has been called sick head-ache. Of this he gives a most admirable history; but whether he has assigned the true proximate cause, I have some hesitation in believing. We shall hereafter be led to some further reflection on this subject.

The reason, perhaps, that this complaint has not excited more public enquiry, is, that it is seldom, if ever the cause of death; the subjects of it, however great their affliction, are not alarmed for the issue, and the aid of the physician is therefore but seldom solicited; and in general his attention to a disease is in proportion to the real or supposed danger of it, and not to the frequency of its occurrence, or the sufferings it occasions; and such are the circumstances of idiopathic head-ache and the reasons it has gone unnoticed. Be it then my labour to gather up this fragment of human afflictions, and attempt to suggest some thoughts that may perhaps cast some light upon its nature, and which may lead to a plan of treatment tending to alleviate the sufferings of humanity. In this inquiry we are principally concerned in the knowledge of the proximate and remote, or exciting causes; we shall not commence, as is customary, with a description of this disorder; this it is hoped will appear sufficiently evident in the prosecution of the subject.

In the enumeration of the remote or exciting causes. the first we shall notice, is an exposure to a bright

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sun, especially when the ground is covered with snow. The 2nd, is the mingling with a promiscuous crowd of people, and especially if it be in the open air and in a sunny day. The 3rd is the riding abroad when a keen wind or air meets the face, or falls on the back. The 4th, is the setting for any considerable length of time with cold and damp feet; and the last I shall mention is the postponement of dinner beyond the usual hour of dining; in this case the symptoms will be greatly aggravated by eating a full meal. I do not propose this as a complete enumeration of the exciting causes; but I believe they are the most frequent, and however diverse they may seem, have, I believe, a unity of effect, and give existence to the same proximate cause.

Let us now inquire how the phenomena of head-ache, proceed from the causes we have enumerated. When we are exposed for any considerable length of time to the reflections of a bright sun, painful sensations are induced in the retinæ of the eyes, and in order to obviate or remove these sensations, we retract our eyes as far as possible within their sockets; and this is effected by a firm contraction of the muscles of the eyes; these like all other voluntary muscles are liable to become weary and even painful from unusual exertions; hence the soreness and pain experienced on such occasions in moving the eyes. But with a view to the same purpose, we elevate our cheeks and depress the supercilia, which latter is done by throwing the occipito-frontales and corrugator muscles into a state of firm contraction; and of this every one may be sensible upon going into a bright sun. At first, a sensation of uneasiness is felt in the eyeballs and about the eyebrows and forehead; at this time it is a very comfortable thing to rest the forehead firmly on the open

hand, in such a way as to depress the eyebrows and suffer the fatigued muscles to relax.* If however we continue under those circumstances which have induced the contraction of the muscles we have mentioned, that, which was at first but a sensation of uneasiness, sooner or later becomes a pain; at first seated in the eyeballs and about the supercilia, and thence extending by degrees along the occipito-frontalis muscle to its aponeuroses, and to its origin in the os occipitis, where, not unfrequently, the pain becomes principally seated—and thus we account for the fact that the pain in head-ache, is always seated either about the supercilia where the frontal muscle is lost in the pericranium, cellular substance, corrugator muscles and skin, or about the crown of the head, where the occipito-frontalis muscle becomes an aponeurosis, or about the great arch of the *os occipitis* where the muscle has its origin. Accompanying the progress of the symptoms thus far, a considerable degree of coldness is perceptible on the forehead, this is occasioned perhaps by an inaction of the capillaries of the part, either from sympathy with the fatigued muscular fibres, or from a morbid construction of them. During this state of the symptoms it is of great utility, both with a view to support the muscles, and to retain the warmth of the parts, to bind the head with a large soft handkerchief, allowing a part of it to hang down so as to shade the eyes. But I have found nothing so advantageous as a recumbent posture upon a bed, with the head rested upon a *warm* pillow, and covered by ano-

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* I was once informed by a very studious and ingenious gentleman, that whenever he was engaged for any considerable length of time in close thinking, he was in the habit of supporting the fatigued muscles of his forehead by pressing them firmly on his hand, his elbow being rested on a table.

ther so as to exclude the light completely from the eyes. In general, after the pain has continued for two or three hours, a preternatural heat succeeds to that coldness which was experienced in the first stage of the complaint; and the accession of this symptom will pretty certainly be accelerated by whatever is calculated to increase the general action of the system, such as eating a full meal, &c. But after this stage of the complaint has continued for some time, so that the accumulated activity of the parts shall have become expended, I know of nothing so efficacious in alleviating the pain as two or three cups of warm tea, with 18, 20, or 30 drops of laudanum. This, in general, will excite a diaphoresis upon the skin and especially upon the forehead, which will be followed by a relaxation of that morbid stricture of the muscles, which I mean to assign as the proximate cause of this disease.

I have said, that in order to exclude from the retinæ of the eyes a painful excess of solar light, we retract our eyeballs, elevate our cheeks, and depress the supercilia. This every one may ascertain for himself by making the experiment, or by observing what takes place in others when they are placed in such circumstances. And I have also said, that, in order to effect these purposes, we must exert the muscles of the eyes, some of those that belong to the face, the occipito-frontales, and the corrugators and the levators of the palpebræ; and that from an exertion of those continued for an unusual length of time, fatigue at first and then pain ensues. This will hardly be questioned, when it is recollected that all the muscles destined for voluntary motion, are liable to fatigue and pain from the same cause; this every man has occasionally felt when riding, a weariness and acute pain about the in-

sertion of the deltoid muscles, and in those of the back after they have been unusually exerted in a stooping posture; and every one has felt great soreness and uneasiness in the recti and vasti muscles after jumping, climbing or running. Indeed those muscles that are destined to incessant motion, and not under the influence of the will, seem to be incapable of uneasiness and pain of this kind, but it appears to be a universal fact with regard to those muscles that obey the will, that every contraction must be followed in a definite length of time, by relaxation, or uneasiness, pain and soreness will ensue. And the pain will be chiefly felt in the origins and insertions of the muscles. This will account for the deepseated pain frequently felt in the orbits of the eyes in cephaléa, as well as in other situations, as already noticed.

I have been the more prolix in explaining the first exciting cause, because it contains an explanation of the second, which is, the mingling with a promiscuous crowd of people, especially in the open air and in a sunny day, as in court-yards and on *muster-grounds*. Agreeably to the observations I have made, the mixing with a concourse of people within doors will seldom be the occasion of head-ache. As this cause acts in a manner precisely similar to the first in producing head-ache, I need not enter into a particular explanation of it. The retinæ of the eyes become painful from being impressed with light reflected from an unusual number of objects blended together in a promiscuous manner, and in order to exclude this painful degree of light from the eyes, they are retracted as far as possible within their sockets, the cheeks are elevated, and the supercilia depressed by the means above

mentioned, and followed by the same train of symptoms.

The third exciting cause in our enumeration, is the exposure of our fore or hind head to a cold wind, but more particularly when we are abroad on horseback. This exciting cause, although I conceive it operates in a way very different from the other two, has yet, I believe, a unity of effect with them, or the same proximate cause; and if this can be satisfactorily shewn, it will be an additional confirmation of the explanation I have given of them, and of the proximate cause of cephaléa, which I have already mentioned. When our forehead is exposed for any considerable length of time to a current of cold air, a morbid stricture or contraction of the muscles of the eyes and forehead takes place in two ways: in the first place in order to exclude the cold air from the eyes, and in the second place, and more particularly, this morbid stricture is the consequence of the abstraction of heat from the parts.* This is to be explained upon a principle

* I find that the opinions of the illustrious philosopher of Derby, are adverse to those I have delivered on this subject. I am extremely indisposed to differ from that great man on any occasion, and I consider it as a circumstance strongly unfavourable to any opinions I may have formed. But as I have been led to these opinions by reflection, and as I have supposed them to be formed on pretty good evidence, and more particularly as they were formed without any distinct recollection at the time of what Dr. Darwin had delivered relative to this subject; I venture to submit them, with all deference to the consideration of the candid. But it may not be improper in this place, to give a succinct view of the doctrines of the illustrious Darwin to which I have alluded, that we may the more conveniently estimate the credit which ought to be attached to them. It will be recollected that Dr. Darwin makes pain to arise from two sources, viz: an excess or deficiency of stimulation; or in other words, from too much irritation, or from an accumulation of sensorial power, owing to a deficiency of irritation. Agree-

very generally admitted in philosophy, viz: that heat is the universally repellent or expansive agent in the operations of nature, and agreeably to this principle, that all substances have their volume enlarged by an introduction of heat, and diminished by an abstraction of it. And this principle is no less true as applied

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ably to this last law of the animal œconomy, he observes in section XII. 5. 3. that "pain in the back at the commencement of ague-fits, and the head-ache which attends feeble people, are pains from defect of stimulus, &c." and in section XXXII. 3. 1. he says, "it is probable that this pain, (meaning the pain of cold) does not arise from the mechanical or chemical effects of a deficiency of heat, but that, like the organs of sense by which we perceive hunger and thirst, this sense of heat suffers pain, when the stimulus of its object is wanting to excite the irritative motions of the organ; that is, when the sensorial power becomes too much accumulated in the quiescent fibres." Does the Dr. mean that the mere accumulation of sensorial power in quiescent fibres, is capable of giving rise to so acute a pain as is felt in the back and head in the cold stage of an ague-fit? If he does, I must confess I am unable to comprehend how such an effect can flow purely from such a cause. It is true that an uneasiness takes place in the stomach, heart, arteries, lungs, &c. when their accustomed stimuli are wanting; but what proportion is there between the uneasiness in this case, and the pain in the other? According to his own doctrine, that a deficiency of irritation in those organs that perform the most incessant actions, is followed by the greatest accumulation of sensorial power, the pain in the former case ought to be greater than in the latter. But if the Dr. means that an accumulation of sensorial power gives occasion to a constriction in the part, in proportion to the degree of accumulation, I think I can better understand him, and it appears to me more agreeable to what is experienced in ague-fits. In these cases a strong stricture is felt all over the surface of the body, but particularly in the back and head, and this sense of stricture is also distinctly felt in Cephalea from the causes I have enumerated. I have supposed this stricture to consist in a permanent or spasmodic contraction of the fibres concerned, or to be the mechanical effect of a deficiency of heat, for reasons I need not again enumerate. And I would further remark, that some of the causes of head-ache which I have mentioned, altogether preclude the possibility of its being occasioned by the accumulation of sensorial power.

to living animal bodies, than as applied to subjects of the mineral kingdom; with this exception, that when heat is applied to a human body, it has a relaxing or expansive force to a certain degree, but beyond that it may prove so stimulant as to produce that grade of action, that has been denominated inflammation, which is always accompanied with a tension of the parts; but a reduction of the natural heat of a part, will always be followed by a constriction or shrinking of it. This fact is observable in the whole skin, but particularly in the scrotum, when it has suffered an abstraction of heat. Every one must have felt when exposed for a length of time to a raw, cold air, a painful sensation of constriction over the whole body; and that this constriction is extended to the muscles, at least to those that are most superficial, is obvious from the trembling that accompanies it and the *stridor dentium.* In short, the experience of every one must convince him, that when the whole or any part of the body is exposed to a cold air, and particularly to a current of cold air, a constriction is produced over the whole body, or in the particular part; but I am inclined to believe that no part of the body is so liable to be affected in this way, by cold, as the head; because the integuments on this part are thinner, and are in general less protected from the action of cold than other parts of the body.*

When Cephaléa has been occasioned by a current of cold air falling on the hind-head, the explanation

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* Is the pain experienced in the ends of the fingers from exposure to cold, the effect of constriction from a want of heat in the parts, so as to compress the nerves, and not of an accumulation of sensorial powers as Dr. Darwin supposes?

will be the same: but in this case other parts will be concerned, and chiefly the trapezius, the complexus and the splenius muscles, which either derive their origin from, or are inserted into the greater or smaller arches of the occiput. The severest head-ache that can be experienced has its seat in this part, and in this case a sensation of stricture and rigidity is strongly felt in the muscles or the back of the neck and between the shoulders; and nothing possesses so much efficacy in the cure of this most afflicting ailment, as a recumbent posture and the application of heat to the part, and this is very conveniently done by means of hot pillows, or even by lying in such a situation as to let the direct heat of a fire fall on the back of the head and neck. Head-ache from the last mentioned cause may with certainty be prevented by binding it up with a handkerchief when we are about to ride out in a cold day. Would it not be an excellent precaution to those who are subject to head-ache from this cause, to have their hats in winter lined with some kind of soft fur?

The next exciting cause in our enumeration is sitting for a considerable length of time with damp and cold feet. This is not so frequently a cause of head-ache as those we have already considered; but it certainly is occasionally a cause and has, we believe, an identity of effect with them. It is a fact well known to physicians, that there exists an intimate sympathy between the feet and the head. The explanation we give in this case is founded on this sympathy; the same exposure to cold that has induced head-ache in the way explained in the last article, has also induced a coldness of the feet; and indeed a coldness of the feet very generally attends head-ache, whatever may have been the exciting cause: and thus a cold-

ness of the feet becomes associated with that rigidity and constriction of the muscles about the head, which we have assigned as the proximate cause of head-ache: and thus by a reverse sympathy, the muscles of the head fall into a state of contraction and pain, when the feet have been suffered to be cold and damp for a considerable length of time. It will be unnecessary to enter into a further investigation of this article; for if I have been mistaken in assigning the proper explanation, the fact still exists, that it is sometimes a cause of head-ache, which is accompanied with the same assemblage of symptoms, as when occasioned by the causes before enumerated, and is to be relieved by the same means.

The last cause I have assigned for head-ache, is the postponement of dinner beyond the usual hour of dining. I do not mean under this article to undertake to prove, what I do not believe to be a fact, that head-ache is very often the consequence of a foul stomach; for I believe on the contrary, that a sick stomach and vomiting, when connected with head-ache, is more commonly a consequence than a cause. It is a fact, however, which every one who is subject to head-ache can attest, that a sick stomach is a frequent attendant of that complaint, when it has been owing to other causes than a foul stomach, and it is in that case then merely symptomatic, and whatever exposition can be given of this phenomenon, we can only offer the suggestion, that it arises from the giddiness which so often accompanies head-ache.* Is this confirmed by the

* As giddiness is sometimes occasioned by the unsteadiness of the objects upon which the eyes rest, as the fluctuations of a stream, &c. so may not the giddiness that accompanies head-ache, arise from an unsteadiness of the eyes themselves, owing to the morbid condition of these muscles?

consideration that a recumbent posture and the exclusion of light from the eyes, will very certainly prevent sickness and vomiting in head ache? Thus too a recumbent posture is said to obviate that vertigo which is produced by the unsteady motion of a ship and a carriage, and the nausea and vomiting which it so generally occasions. But to resume our subject, an empty and torpid state of the stomach has often existed, when head-ache has been induced by the causes above mentioned; thus a torpid state of the stomach, the consequence of emptiness, has become associated with that condition of the integuments of the head which we believe to be the immediate cause of head-ache; and thus by a reverse sympathy when the stomach has become torpid from inanition, the integuments of the head first fall into a torpor, and then from a deficiency of caloric, become constricted and painful. This exposition is favoured by this consideration, that a remarkable degree of coldness in the forehead attends the first stage of head-ache from fasting.

There is yet one other point of view in which this subject ought to be considered. As sympathy, as we suppose, affords a rationale for head-ache from fasting, so it will assign an explanation for the phenomena of ascencency and other dispeptic symptoms which are so often the attendants on head-ache. These phenomena, we conceive, are simply the effects of a torpor of the stomach from a consent with the integuments of the head; but that the ascescency of the stomach augments the cephalic symptoms we have no hesitation in believing; and this accounts for the relief vomiting frequently affords in head-ache. I know this is assigned as a consideration favourable

to the opinion, that head-ache is very often but a symptom of a disordered state of the stomach: but this is not the view of the subject which has impressed itself on my mind, and I would propose this enquiry to the adherents to that opinion, why Cephaléa is not a symptom of dispepsia, and other primary affections of the stomach? I do not recollect to have heard dispeptic patients complain of this symptom, nor do I find that *this* is enumerated among the symptoms of indigestion by writers on this subject. And here with due deference to the superior talents of Dr. Dwight, I would suggest this consideration, whether ascescency is a cause or symptom of sick head-ache; and whether the sour cyder he found so successful in its cure, did not act by correcting the general debility of the sy tem, which is peculiarly predisponent to Cephaléa, and especially to that kind which is called sick head-ache, than by destroying the disposition of the stomach to generate ascescent products?

We have now finished our observations in explanation of the causes and symptoms of head-ache; and have only a few additional ones to make in confirmation of the proximate cause we have assigned. That head-ache is seated exterior to the cranium, I cannot entertain a doubt, from the causes by which it is induced; the situations of the head in which the pain is felt, and from the means that are found to be useful for its alleviation. Most of the causes we have enumerated and several others we might have added, are unquestionably calculated to excite disorder exterior to the cranium, as we believe we have satisfactorily shewn in our explanations of the first and third causes, and which we need not here recapitulate.—The pain in head-ache is chiefly felt in the muscles

which move the eyeballs, and especially at the bottom of the sockets, whence they derive their origin, immediately above the supercilia where the frontal muscle loses itself in the pericranium, the corrugator muscle, skin, &c. about the coronal suture and a little above it where the occipito-frontalis muscle is tendinous, and about the ridges of the os occipitis where the last named muscle takes its rise, and where the muscles destined to draw the head backward either arise or are inserted.

Every one knows the benefit that is often derived from compressing the head, either by the hands of a person applied to the fore and hind head, or by a handkerchief bound tightly round the head. Now is it at all probable, that this remedy can act upon the encephalon, or parts interior to the cranium? This in adult persons cannot be supposed. The inference then is not to be avoided, that this remedy acts by giving support to the muscles wearied and painful from too long contraction; and by cherishing warmth in the parts. Thus the reaper, the muscles of whose arms have become wearied by over action, imparts to them new strength and vigour, by binding round them tightly, a piece of eel skin: and thus too, he supports the muscles of his back by tying a handkerchief round his waist.

That the proximate cause of head-ache from the causes I have enumerated, is a morbid stricture of the muscles about the eyes, forehead and occiput, seems to me to be further confirmed, from the efficacy a recumbent posture and sleep have in its cure. If the head-ache were seated in parts interior to the cranium, one would suppose that the complaint wouldbe aggra-

vated rather than diminished by a recumbent posture. But that a recumbent posture and sleep are favourable to a relaxation of the whole system, is a fact familiar to every one; nor is it less so that they are a universal cure for the species of head-ache of which I treat. But in support of the theory wich I propose, I mention with the greatest confidence, the efficacy of heat applied directly to the head. This can act, so far as I am able to see, in no other way than in that which I have suggested above, viz: by expanding and relaxing the constricted muscles of the eyes and head.

Heat may be applied by means of two hot pillows, as above mentioned; or of warm flannels, or by enveloping the head in steams of hot water; and when the pain is seated in the hind-head and muscles situated on the back part of the neck, they have, in the country, another and very effectual mode of applying heat, by covering the part with flannel and passing over it a hot clothes-iron until it is completely saturated with caloric, and the sensation of stricture and tightness in the muscles is removed. This mode of applying heat, never fails, I believe, to afford considerable relief, and very often a complete removal of the symptoms. But in fact, there is no better way of applying heat in this case, than by exposing the pained parts to the direct heat of a warm fire. A very favorite remedy with those who like it (and who does not?) is two or three cups of hot tea taken late in the evening. But the efficacy of this pleasant remedy will be greatly encreased by adding a few drops of laudanum, and indeed, I believe, the laudanum will be given much more successfully in this combination, than if exhibited by itself. No doubt, however, can be entertained, but a few dishes of tea taken in the evening will in a majority of cases afford an alleviation of head-

ache ; but experience authorises me to say, that it will never do it with so much certainty as when it excites a gentle diaphoresis, and thus restores softness and relaxation to the constricted parts.

I now submit these speculations to the candid examination of medical enquirers, and if any shall be able to shew that I have mistaken creatures of fancy for solid realities, that I have not even found the road to truth on this subject, but have been wandering in devious paths, I would rejoice to be admonished of my error, recalled from my wanderings, and directed into the right way. It is a subject not unworthy the wisest and most enlightened physician. He would not, it is true, expect to gather laurels in this field of medical science, yet suffering humanity might not disdain to crown him with a chaplet of unfading flowers.

I conclude with the following elegant and appropriate lines of the great Roman poet, which will no doubt find an accordant string in the heart of the experienced physician.

"Me, quoque, per multos similes fortuna labores
Jactatam, hac demum voluit consistere terra,
Non *ignara mali, Miseris succurrere disco.*"

Observations on Nitric Acid by S. Ffirth, M. D.

DR. WATKINS,

SIR,

AN enthusiastic admirer of medical science, ardent in the pursuit of knowledge and literary fame—anxious to learn whatever may benefit mankind: I have with pleasure and satisfaction read the 1*st.* volume of the Baltimore Medical and Physical Recorder.—Works of this nature are calculated for men in the enjoyment of an extensive practice which precludes from reading the voluminous productions constantly issuing from the press—enables them to become acquainted with the discoveries of their cotemporaries and the progress of science. May you therefore meet with that encouragement you deserve, and your work have that circulation to which its merit shall entitle it. Your cases were instructive; your observations on Nitric acid met my approbation. I am happy to find that since I first submitted to the publick, observations on the use of Nitric acid in the cure of diseases, proofs of its efficacy have been adduced by a number of respectable gentlemen.

Having recommended it in certain cases as a substitute for mercury, given my reasons for believing it might be employed in several of the diseases of India, and stated some cases in which I had found it of very great advantage, particularly in chronic hepatitis attended with emaciation and debility, which rendered the use of any preparation of hydrargyrus improper; I have now the satisfaction of informing you, that sub-

sequent experience has confirmed the correctness of my former publications, and that during my residence in Calcutta I had abundant proofs thereof. I shall subjoin a few from practioners of the first respectability in Asia.

T. Christie, Esq. inspector of Hospitals in Ceylon in a letter to W. Colhoun, Esq. assistant surgeon to the 2*nd* battalion 6*th* regiment Native Infantry, dated at Trincomalie 16*th* January, 1801, speaking of an endemic of that island and its mode of cure, says, "The nitric acid I have never used in Beriberi, *but from its known qualities and great efficacy in diseases where mercury has been usually employed*, I should be disposed to presage very happy effects from its use in Beriberi; the acid when successful in the cure of diseases, possesses one very great advantage over mercury, that instead of the debilitating effects almost universally produced by the latter, it generally increases the appetite, gives tone to the *primæ viæ* and whole system. When I employ the acid in large quantities (which I have frequently done in Syphilis, hepatitis and dysentery) I find it necessary in order to prevent its local effects on the teeth and mouth, to order the patient to suck it through a tube, for which purpose a pierced rattan answers remarkably well." A very decisive proof of the virtues of nitric acid in some of the diseases of India is given by James M'Gregor M. D. in a memoir of the state of health of the 88*th* regiment, and of the corps attached to it. From June 1*st* 1800 to May 31*st* 1801, as presented to the medical board at Bombay. "June 5 cases of hepatitis occurred, the greater part were treated with nitric acid and were soon cured." Speaking of the progress of diseases in July, he says, "The detach-

ment of the 84*th* sent ninety-six to the hospital during the month, of these 36 were venereal, 32 dysentery and 12 hepatitis, relapses of the diseases contracted in the expedition to the Red Sea: the rest were catarrhal, rheumatic and other less serious cases.—Many of the dysenteric cases being slight were treated with the pulv: Ipecac: Comp. and some of the remedies used in the same months last year in the 88*th* regiment: but in almost every case we were obliged to desert this plan and have recourse to mercury or nitric acid. Of 31 dysenteries in the succeeding month, nine were treated with nitric acid and recovered. In October a case of splenitis occurred and was very acute, of 6 cases of hepatitis, three originated in the present month, all the hepatic as well as the splenitic cases were treated with nitric acid."*

The employment of nitric acid in dysentery is a new practice, I believe confined to the surgeons in the service of the honourable East India company.† Being a fact now well known that the dysenteric cases we meet with on the coasts of Coromandel and Malabar, in Ceylon and Hindostan, are nearly always combined with an affection of the liver, that patients are much debilitated: the disease often assuming the type of an intermittent, that little, if any inflammation ever exists, the disease being asthenic, if not from the commencement, always after it has been of some duration. Considering these circumstances, the practice may not be, and experience proves it is not, injudicious, especially in chronic dysentery and deserves the

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* I might add Drs. Scott of Bombay, Anderson of Madrass, Hunter, Kelly, Monro, and many others of Calcutta.

† Vide remarks at the conclusion of this letter. E.

attention of all practitioners in warm climates. Circumstances render this mode of cure not so proper in the northern and middle states of America; I think it would do much mischief; habits, custom, constitution, diet and climate being very different: diseases being sthenic require a different mode of treatment. It remains to be proved how far this practice would answer from S. Carolina to Mexico.

The dysentery I have been accustomed to see on the coasts of Coromandel, in Hindostan, the Sunda and Molucca Islands, &c. &c. is very malignant, the liver being often affected. The disease in many instances becoming chronic, runs on for months, the patient becomes much emaciated, and ulceration takes place in the intestines: although mercury is the sovereign remedy for dysentery, the debility here forbad its use; where it did not, I found that I never could produce ptyalism after ulceration of the colon and rectum had taken place: by giving it largely the gums became spungy, sometimes ulcerated and bled freely on the slightest injury, but a true salivation could not be produced: in such cases I am disposed to think favourably of the nitric acid.

The employment of mineral acids is recent, but we know that the vegetable acids and acido-dulce fruits were used many years ago with great success. Sir John Pringle says, "acids best suit this disease, these however are to be given in small quantities, and not to be too sharp for the bowels" a practice supported by Degnereus* and Doleus.† Fernelii remarks that

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* Vid. Hyst: Dysenteri: cap. 3. S. LXXVII.

† Encyclopæd. Med. lib: 3 cap. V. Sect. XX.

garlic with sugar and lemon juice, was found to be a remedy for people who had returned to Amsterdam from the East Indies, afflicted with dysentery from living on putrid food, in 1597. Ol: Heurnius mentions the same remedies for dysenteries in long voyages, so also does J. Heurnius in his work *de morb: intestin:* lib: VI. Cap. 10. The amiable Tissot thinks it a most pernicious prejudice that acid fruits are noxious in dysentery. Dr. Thornton recites a number of cases of persons being cured by acids, grapes, &c.

In the medical extracts we find, that a whole Swiss regiment was cured by living entirely on ripe grapes. We are informed in the same work that a commander of Hussars in the German campaign, cured his men of dysenteries by giving them equal portions of cream and vinegar.

The dysentery, says Tissot, is contagious, and it is acids that neutralize the poison productive of so cruel a disorder. Vinegar supersaturated with muriate of Soda, I have used with success in the U. S. and in the West India Islands. The virtues thereof are so well known in some of the Islands, that the nurses frequently administer it, on the estates to those who are attacked with dysentery on the intermediate days of the physicians visits. In the Leeward Islands they substitute lime-juice for vinegar when in want and with equal benefit. If vegetable acids and acido-dulce fruits will cure the disease, and that they will cannot be doubted, may we not conclude that the mineral or some thereof will be equally successful: does not analogy warrant this? And the concurrent experience of Christie in Ceylon, M'Gregor on the Malabar coast, and of others in Hindostan, Coromandel, &c. proves this as respects the nitric acid.

This acid is certainly a useful diuretic and tonic, and may be exhibited with benefit in cases of intumescentiæ aquosæ. It is particularly adapted to cases of dropsy arising from diseased viscera, or occurring after the patient has suffered greatly from previous disease. Dropsies frequently succeed after our autumnal attacks of intermittent and remittent fever; they arise from three causes—inanition from bleeding and too great evacuations, from obstructions of the spleen and liver which often, particularly the former, become greatly enlarged and sometimes schirrous, from improper treatment of said fevers, giving the bark too early, before the primæ viæ have been sufficiently cleansed. This is a fruitful source of chronic splenitis,* and often, too often lays the foundation for future dropsies. In all such cases this acid promises much and is well adapted; but in patients labouring under sthenic action it will do harm. Such cases are rare in this country, perhaps not so frequent in any as has been imagined. I exhibit to my patients who are using the acid some Terebinthinate medicines which seem to co-operate therewith, and order a nutritious diet; for drink I prescribe a cold infusion of the lesser Centaury, Gentiana Centaurium, Lin; the chironia angularis Lin. or vulgar centry, or the Eupatorium perfoliatum (thoroughwort) the tonic powers of which have been fully proven, and its known utility in removing obstructions render it a useful auxiliary.—When either cannot be had I substitute the Cornus Florida or Prunus Virginiana. Were it necessary I

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* If a patient be profusely bled in our autumnal fevers, Dropsy often ensues, and chronic enlargement of the spleen almost invariably. If nothing be done and the disease runs its course, or as the vulgar say, is left to nature, this chronic affection of the spleen certainly occurs.

could subjoin several cases of ascites and anasarca where the acid, &c. effected a cure after the failure of Digitalis purpurea, Scilla maratima and other remedies of the same class. In sthenic dropsy the Digitalis has certainly been of the greatest service, but in asthenic cases it rapidly expedites the fate of the patient. Mercury also increases the debility and relaxes the system, diminishing the Vis Vitæ. Nitric Acid produces the reverse.

....."Enough,
If aught these lines the fickle health confirm."

I have the honor to be,
with sentiments of respect
and esteem, yours,

S. FFIRTH.

St. Paul's, near Charleston
S. C. Aug. 3, 1809.

Remarks by the Editor.

During the months of August and September 1808, fifteen cases of dysentery occurred in the Marine Hospital of Baltimore—of these, twelve patients were admitted with that disorder, and in the other three it supervened upon long protracted intermittents. In four of these cases, the disease very soon yielded to the following prescription, a remedy which I most frequently use in ordinary cases or such as bear no marks of malignancy.

℞. Sulph: Sod: ℥ jss.

Tart: Antim: grs iij. M. div. in pulv: equales sex. qu: un. om. 2 da hora sum: the patient to drink freely of warm barley water, Vermicelli or veal soup, and to take every night half a grain or a grain of opium according to the violence of the pain.

Eight others recovered under the following treatment:

℞. Pulv: Ipecach: ʒss.
—— Rad: Rhei ʒlss.
Carbon: Magnes: ʒl. M. ft. Pulv: xij—of these one powder was ordered to be given every two hours in molasses; and a cathartic of Ol. Ricini or Sulphate of Soda every second day during the continuance of the griping.

With the three remaining patients, which were those cases originating at the Hospital, both these plans of treatment were adopted in succession without effect. Mercury was not resorted to, notwithstanding the weaknesss and state of emaciation to which they were reduced by the long continuance of their previous disease, for I have seldom found the system so much debilitated as not to bear with advantage the judicious exhibition of this remedy when otherwise indicated. Indeed in every case of intermittent fever which occurred during the autumn of the same year, with but one or two exceptions, (and there was not less than forty) after the failure of the usual modes of treatment, namely by Peruvian Bark, Sulphate of Zinc, Arsenic, Acetite of Lead, &c. &c. and after the extremest debility had been induced by the continuance of the disease and a long and successless perseverance in the several remedies; powders composed of mild muriate of Mercy. 3 grs Nitrate of Pot-

ash, 5 grs. were exhibited every three hours until salivation was produced, with the most complete success. In no instance did a single paroxysm occur after ptyalism commenced. The patients soon became so certain of this remedy that they would beg to be salivated, even when they were unable to walk from one end to the other of the ward. But, to return to the dysenteric patients; Mercury was administered to them in the following form,

℞. Mur: hyd: Mit. ʒi
Tartr. Antimon: grs. iij
Gum: Oppii grs. iv. Mel, q. s. ft Pilul: Xij: Of these pills one was taken every four hours; in some instances after every evacuation. This course was pursued with little variation for several days. The disease grew neither better nor worse, but the patients had lost their appetites and appeared to be getting daily weaker. In this situation the mercurial pills were laid aside, and the Nitric Acid ordered in the following combination:

℞. Pulv: Gum: Arab:
Sacchar: Alb: aa ℥ss. Aq. Font: ℥vj. ft. Mucilago & adde gradatim Acid: Nitric: ʒiij cum Tinct: Opii ʒi. Cap. Cochlear: mag: in aqua hordei omni tertia hora.

The Nitric Acid under my use has more generally acted upon the bowels than upon the kidneys or bladder, for which reason I have found it necessary in most cases to add a few drops of Thebaic tincture to each dose of the Acid. I have likewise found it necessary whenever it has been exhibited to confine the patient entirely upon a low vegetable diet; for were he permitted to indulge those cravings of the appetite which the Acid very speedily produces, the system

would soon be excited to that state of plenitude in which this medicine is certainly injurious. Under this restriction I have no doubt the Nitric Acid might be made as extensively useful in the colder, as in the warmer climates. In addition to the internal exhibition as above, the ward, in which the three patients were lodged, was ordered to be fumigated twice aday with the vapour of this acid, as recommended by Dr. Carmichael Smith. At these times, I have entered the ward thickly filled with the fumes, without experiencing any unpleasant sensation.

In the course of a few days, very considerable changes for the better took place in all the patients; the tenesmus was much relieved, the dejections were not so frequent—instead of a thick black slime, they began to assume a more natural appearance; and the patients would now frequently call for and eat with avidity and satisfaction, their rice and barley soups, &c. of which they before loathed the very sight. In seven days the disease was completely subdued in all. The acid, was continued, however, in half the quantities for some days longer, together with a daily dose of powdered Colombo until the patients were sufficiently restored to be discharged. The acid appeared to have no action whatever on the salivary glands or kidnies in either case.

A case of Cancer successfully treated. In a letter from Wm. Bradley Tyler, M. D. of Baltimore, to the Editor.

Baltimore, August 1st. 1809.

DEAR SIR,

BELIEVING it to be the particular design of the work published under your direction, to insert, for the benefit of the profession, histories of facts, which, from their peculiar or obscure characters, are not apt to fall within the limited experience of a great part of Physicians, and which must of course, when they do occur, create considerable embarrassment, I rely with full assurance that the following case of *Carcinoma* will find a ready admission in the next number of the Recorder.

It was furnished me a short time since by my much esteemed friend and former preceptor, not, I believe, with a decided wish that it should be published, of which I judge, from the unfinished state in which I received it; being a plain, unvarnished fact, unaccompanied by any remarks of elucidation, or a single inference, which I regret extremely, conceiving that from one of so much experience and in the possession of a discerning and accurate judgement; the value of the present case of a most inveterate malady, might have been greatly enhanced by the addition of such observations as were necessary to constitute a circumstan-

tial history of the disease. It will, however, brief as it is, or deficient as it may be in hypothetical deductions, be esteemed as a worthy acquisition to the youthful and unexperienced, and may serve to give strength and energy to the reflections of such as are doubtful of *any* means to remove, or obstruct the progress of, this most tremendous of all human evils.

It will obviously appear from a first view of the following case, that a most accurate knowledge of the structure and relative situations of the diseased parts, with great dexterity in the employment of the knife were indispensibly requisite to ensure safety and success, and no moderate degree of attention could have been bestowed by those immediately charged with the care of the patient to avoid the dangerous if not destructive consequences which must have ensued from the incautious or too far extended use of the mineral caustic. Upon the whole, we are sensibly struck with the hazard of the operation, under the forbidding aspect which the tumour had assumed before an operation was proposed, conjoined with its situation in the neighbourhood of several large blood vessels.

" The following is an extract from my Ledger, dated January 23*rd* 1789. I was called to visit Miss R. L. of Montgomery county, in consultation with Dr. Warfield, on the propriety of operating on a large tumour situated in the parotid gland. The operation being determined upon, I performed and extracted a tumour weighing *two pounds five ounces*, in the presence of several respectable gentlemen, after being clean washed from the blood.

" Note—June 10*th* the cure has been completed by the application of Arsenic: Alb: ppt. and it is now

a month since the cicatrix formed; since which there is no appearance of the cancer's growing again, and her health improves.

"She was attended by my worthy friend Dr. Warfield, who is entitled to much credit for his judicious treatment and persevering attention in conducting the applications, &c. &c. and it is also just to add, that Drs. Jones and Rush of Philadelphia, are entitled to great credit for their advice on the case previous to the operation.

"This tumour was upwards of ten years standing and had been *operated on* eight years ago.

"*May* 1790, *the cure is confirmed.*

"It is here necessary to add, that the tumour was solid, excepting a small cavity in the centre, (the seat of it in the parotid gland), that in performing the operation the knife passed as close as possible to the Carotid artery and jugular vein without wounding them, they being left quite naked after the knife passed them.

"Part of the tumour extending behind the blood-vessels, it was impracticable to extirpate the whole of it by the knife, which made it necessary afterwards to dress it with the Arsenic: Alb. to sphacelate and bring away the remainder of the tumour, to prevent it from growing again, as it had done before. In doing this great caution was necessary to avoid injuring the blood-vessels and nerves. Dr. Warfield paid the necessary attention by dressing it himself, and gave her such medicines (antiphlogistics and antiseptics) as the case required.

P. THOMAS."

An earnest wish to preserve the above case as a memorable instance of the efficacy of proper remedies under judicious applications to remove this inveterate calamity, still by some esteemed the opprobrium of Physick and Surgery, has alone induced me to act without the special permission or direction of my venerable friend, in requesting you to give it an early insertion in your work.

With the best wishes for the success
of your valuable labours,
I am dear Sir, yours with great esteem,

W. BRADLEY TYLER.

Dr. T. WATKINS.

Dr. Crawford on the Seats and Causes of DISEASE.

(*In Continuation from page* 213, *No.* 3, VOL. I.)

IT was my design to have gone through all the Linnean classes and orders of Insects, and to have adduced proofs of their being employed to coerce themselves and every other object of creation; but this on investigation, I find to be attended with many difficulties, and to require a long extent of detail, which would prove more gratifying to curiosity than beneficial to practice. The great end I have in view, is to give to the mind hints capable of much further improvement, and to suggest the means by which that improvement may be most readily obtained. Enquirers will probably adopt at some future period, the plan I propose, but it cannot be brought to any satisfactory perfection, until the visible assailants of individuals are more accurately examined, and each reduced to its proper species. I shall now proceed with adducing the symptoms that have occurred, where the causes were demonstrated, as contained in more recent authors, and compare these with the symptoms, where the causes were concealed, thus affording a moral certainty that in both instances their nature must be the same.

§ 61. In the 2*nd* vol: of Dr. Duncan's Medical Com: p. 8, Mr. Jn: M'Laggan informs us that he

was called to see a woman who had an inflammation in the lower part of the abdomen, the whole of which was much swelled, particularly in the umbilical region. His first attempt was to discuss it; but finding his endeavours ineffectual, he employed the ordinary means for promoting suppuration. The pain was so excessive as to occasion pervigilium for six days. At that period suppuration was effected and there was a discharge of upwards of a pound of a thin watery sanies, which was followed by a quantity of excrements. A prostration of strength, with clammy sweats, and a coldness of the extremities supervened. The discharge from the opening encreased and appearances of gangrene ensued. Wine and tonics were given with benefit. He removed the mortified parts which embraced a considerable proportion of the peritonæum and omentum. In doing this he found a teres worm lying between them, about nine inches long as thick as an eagles quill. It was alive, and continued to be so for some time. By appropriate treatment the wound was healed, and the patient recovered.

§ 62. It is of no small importance to successful enquiry, that the mind should possess some rational ideas respecting the nature of the thing enquired for. A mortification or gangrene seizes some part of the human system. To attain a knowledge of the cause of such an evil is very desirable. How shall we direct our course, towards objects known, or to objects unknown? Here we have an ascertained object fully equal to the effect. When the principles of life are destroyed in any part, if these cannot be restored, the removal of such part becomes inevitable, either by an effort of nature, or by art, otherwise the evil might be

ruinously extended. Such removal becomes the more requisite, for with it, the cause is also removed: a measure indispensibly necessary to obviate farther danger.

In a compound fracture, the same consequences follow—there is an extensive lesion of parts which the efforts of the system are unequal to remove. Art often successfully steps in, and in supplying the defect, the system is rendered capable of securing the health of the parts that remain, after amputation. Shall we then direct our enquiries to some object extraneous to the body, such as the lesion produced by a protruding bone through its integuments, or to the lesion of a worm through the same parts, differing only in the manner of inflicting the wound, or to properties in some of the constituent parts of the system, which no human being ever did, nor ever can witness? such as the following:

"A gangrene and its consequences MAY arise from a putrid *ferment* diffused in the mass of blood, and poured out with the serum effused, which it operates upon more powerfully while the serum is *stagnant*, and retained in the heat of the body: but it may also arise from the peculiar nature of the matter effused being *disposed* to putrefaction; as particularly seems to be the case of the red globules of the blood effused in a large quantity. In a third manner also, a gangrene *seems* frequently to arise from the violent *excitement of the inflammation destroying the tone of the vessels:* whereby the *whole fluids stagnate*, and run into putrefaction, which taking place in any degree, *destroys* still further the tone of the vessels and spreads the gangrene." See Cullen's first Lines vol. 1*st*, 291.

Here we have a number of suggestions, many of them assuredly very strange, and such as preclude any experimental investigation—we never can be evidences of the process here described; there are no discoveries practicable, which might offer a rational comprehension of the alleged phenomena. The process proposed must forever remain enveloped in its original darkness, an unknown and inconceivable object.

The discovery of the worm gives a very different view. Here cause and effect are obvious, and by investigation we may perhaps greatly multiply proofs of a similar nature. It will however happen, that the very same effects, precisely the same symptoms, and the same consequences, from like treatment will ensue, where the cause cannot be seen. What in this case does reason suggest, that we shall desert the visible cause, and resort to the invisible? I should think not, but rather that we should keep the visible object coutinually in our minds and endeavour to ascertain, from established facts, whether worms may not exist capable of producing a like effect, and yet remain to us invisible. After having scrutinized all the phenomena of a similar nature in our own species, it might occur as not irrelevant to extend our enquiries to what happens in such of the other species as are within our reach, exhibiting congenial appearances.—Where proofs from these sources fail, the vegetable world offers a wide field of enquiry, and as vegetable and animal life closely correspond in many instances, their analogy may be traced perhaps to no inconsiderable length as to the manner in which that life is destroyed.

§ 63. Physiologists have been exposed to much difficulty in ascertaining the nature of pus such as is found

in a common abscess. I shall not enter into a discussion of the various opinions that have been offered on this occasion. What pus is, no person by any actual experiment, has been yet able to shew, nor to offer any conjecture which is not liable to insuperable objections, if we except those who have adopted the animated pathology; and of those, the reasoning offered has not been such as to secure a general conviction. It may perhaps be found that the difficulties, hitherto insuperable, have arisen from the limitation of the enquiries to the human body. If concealed enemies are employed to dissipate the superabundance of life, as alleged in sect. 28, No. 2, vol. 1*st*, they would as probably be employed here as advantageously as in any other instance, although, on the principle assumed, the happiness of the human species could not be, consistently, so much sported with, as to make their senses competent to discern depredators which could, by no ingenuity be avoided, yet the depredators, in a similar way, on another species, might be placed within his reach. The injury sustained by another species, could not, for example, prove distressing to a man who might be employed in tracing it to its source, and therefore, a provision in the structure of his organs would not be necessary to incapacitate him from the pursuit. Having then seen in another animal, what he could not see in himself nor in any of his species, he must resort to his reasoning faculties for removing the obstacles that offer. By comparing as many of the facts as strictly resemble each other, their number may be so great, so striking, so universally prevailing, as to leave no doubt upon the mind respecting the nature of what must for ever remain concealed. For there is no effort of the understanding that can, to any considerable extent inva-

lidate the assertion, "*that what the eye cannot see the heart will not grieve at.*"

§ 64. As then we cannot discover in ourselves what we are in search of, it may not be improper to resort to some of the animals with which we are the most familiar, and which consequently afford us the best opportunities for making observations. The ingenious, the persevering, the laborious Réaumur has successfully travelled over this ground. Whilst he is speaking for himself, there can be no doubt of his commanding attention.

§ 65. The first dissertation of the fourth volume of his work intended to serve as a history of insects, is occupied with a detailed account of what he calls the gall insect, termed by the systematic Entomologists Cynips, in English, the Gall-fly. He traces the same œconomy to our domestic animals, in the 12*th* dissertation of the same volume, and gives a minute detail of all the mutations, and habits of the *Æstrus Bovis* or *Ox Gadfly*. Our author does not give any scientific, he only employs the trivial names, he therefore uses for it, and the whole of this class of insects, the appellation of *Bourdon* or *Drone*. He remarks however, that those of which he then treats are of a very different class, having, instead of four, only two wings. They differ in many other respects, but that which most excites our curiosity, is the singular habitation of their offspring. All these flies were, in their order, worms, to the various kinds of which nature has assigned habitations, many of them, as they must appear to us, very extraordinary. One kind is assigned to the intestines of the horse; another to the thick and strong hide of the horned cattle. Each of the

worms occasions a tumor on the back of the animal, sometimes of considerable size and these are variously dispersed, in which they procure sustenance, grow to the proper size, and thence escape to become assimilated to their parent. There are others whose abode is in the sinuses of the nose of the sheep. The interior of different vegetables, as the onion, the tulip root, &c. to a great extent are assigned as the receptacle of the progeny of other flies of the same genus. It is easy to distinguish an infected onion from the others; it is pierced with a round hole, which is the opening through which the egg was introduced, in due time to give birth to the worm, and by means of which a communication with the external air was procured. When this onion is pressed between the fingers and thumb, it is found to have lost its natural firmness, is soft, and the interior when examined is seen to be corrupted, each worm being surrounded by a brown, and as it were, a purulent matter.

§ 66. The parent fly, in order to come at the onion into which she is to deposit her egg, necessarily prepares an opening in the earth, by means of which she may reach her object of deposit. If we admire this effort of industry in so small a creature, how much more must the courage and daring boldness of another fly excite our astonishment in its attacking large animals well provided with the powers of defence.— It is in their flesh that it seeks a safe residence for its young. It makes, in the common integuments, a number of wounds, and in each deposits an egg, thus forming a nidus, in which the egg is hatched by the animal heat, and in this deposit finds its source of nourishment. The worm when developed, is immediately provided with its appropriate food and accommo-

dation, and in due season, escapes by the entrance made for the admission of the egg, drops to the earth, buries itself in it, and there waits in security its farther mutations.

The residence of the worm, on the body of the animal is readily distinguished, as a tumor is formed filled with matter prepared by the guest of the surrounding materials, and which always increases in size with the growth of the worm.

§ 67. The horned cattle furnish the most numerous examples of these tumors, and the parent fly is by no means indiscriminate in her choice of subjects, preferring always those that are young, whose hides are more penetrable, and by whom the most suitable nourishment may be afforded to her young. It is on those of two and three years old that they are found in the greatest abundance; the aged are rarely visited in this way.

§ 68. Our author anxiously sought for an opportunity to witness the process pursued by the worm in escaping from its domicilium, and its preparation for the event. He examined several tumors and found in them all matter, more or less resembling what we call laudable pus, in proportion to the distance from, or proximity to the moment of escape. Immediately previous to that period, it is abundant, and of a milky appearance which the best pus always assumes.

69. In this account, the mind is not unnaturally led to think of the Phlegmons to which the human species, but more particularly the age of childhood is subject. If they are the result of a selection by a fly of the æstrus genus for depositing its eggs, much of the

disputes respecting the nature of pus, noticed in 63, will terminate. The obvious rise and progress of these tumors, their gradually advancing to maturity, and when left to nature, the escape of the matter by three distinct openings and of the membranous substance, vulgarly called the core; their more frequent occurrence in young subjects; their appearing on numbers in the same family of different ages, but more frequently on those of early life, succeeding the attack of an individual; all these circumstances prove that the cause must be external to the body, and there is no cause so much in the order of nature, so conformable to the rules she has universally established, as the assault of a fly destined to make the human body the receptacle of its progeny. One fly may deposit eggs successively, in a number of bodies, or a number of flies may, at nearly the same moment, visit many individuals; in short, our species may well experience the fate we know to be experienced by our domestic animals. The seen will obviate every difficulty in comprehending the nature of the unseen. But to return to the difficulties which embarras every attributed cause, would it not be very extraordinary that they should operate so very similarly on subjects that must vary in their constitution? Were it by any chemical process, can any conceived process operate on a number of unconnected parts at the same time, and in the same way, at nearly the same instant on different subjects? Suppose it a fly, or flies that deposit their ova in quick succession, the event is possible; the Chemical process by any cognisable enquiry, must be deemed impossible.

§ 70. My ingenious friend professor Brugmans of Leyden in his dissertation de progenia, having insti-

tuted a number of well devised experiments, has clearly shewn that putrefaction has no share in forming pus. An acid and an alkali are similarly important. There is no method by which he could convert any part of the human body, solid or fluid, into a substance resembling pus. After an accurate consideration of all the secreted fluids, and exposing them to various chemical experiments, nothing could be found, analogous to pus. He very justly observes, that if a stimulus is applied to any of the secretory organs, that an additional flow of what they had been accustomed to emit, as to the salivary glands, saliva, to the lachrymal glands tears, and so forth ensues. Indeed to believe that any secreting organ could give any other substance than such as it was originally designed to give would be as justifiable as to conceive that cerumen could be formed by vessels of the eye, the mucus proper to the nose by those of the ear, the gastric juice by those of the liver and gall ducts; the Panereatic juice by the ureters, or the fœces by the vesiculæ seminales. Every organ has its appropriate function; the ear cannot see, the eye cannot hear, the olfactory nerves cannot officiate for those having the faculty of tasting. The hands cannot support the body in an erect posture, the feet cannot supply with efficiency the defect of the hands. It is very true, all these reciprocally aid each other, and an injury sustained by one is often productive of an increase of power in such as are more nearly corresponding; but still the function is performed in the appropriate manner, there are no possible means practicable of giving to one the capacity unalienably imparted to another. The more or the less of excellence, the liability to depreciation or destruction severally belongs to them, but no community of office. If pus were a secretion

performed by any particular set of vessels appertaining to the body, how shall we account for its being contained in a defined tumor? Wherefore is it that the matter does not diffuse itself on every side, or by what means is accomplished the formation of frequently numerous and always circumscribed tumors? If an egg is deposited, and from that egg proceeds a worm occupying its place, the worm doubtless prepares a habitation for itself of the surrounding materials, which it secures from the circumambient fluids; imbibes from these what is, not only sufficient for its nourishment, but is also appropriated to furnish it with an easy position, and a due degree of moisture as is found requisite to the fœtus in utero, in the supply of the liquor amnii. If this be the process of nature in the formation of phlegmons or boils, the explanation it affords of all the concomitant phenomena is in every respect satisfactory. They may be numerous, and have each their distinct source They have their rise progress and termination comformable to the œconomy of the alledged cause. They differ it is true from the Warbles (the English term) in not having a discernable open hole during the time of gestation, and in the weeping which is thence continually escaping; but this difference is not greater than the œconomy of the respective species. The worm is evident to the senses, in the animals referred to. We cannot witness the exciting cause. Can we witness the cause proposed by any other theory? Do any of the phenomena correspond with the known operation of any of the other assigned causes? Have the senses any thing whatsoever to which they can refer, leading to direct the judgement, where the immediate cause is denied to our inspection? As in no possible point of view, any other cause hitherto suggested, affords us

a shadow of satisfaction; as the cause I have adduced is, in so many and these the most prominent instances completely consentaneous; since we must be contented with the invisibility of the cause, let us adopt that which is amply supported by the most unequivocal evidence. It is true, in the human species, great pain accompanies the inflammation which inseparably attends the progress of phlegmons, and which is not, apparently experienced by the animals referred to. This may be accounted for by the superior sensibility of the former. It may be urged that insects can have no share in generating the pus which usually attends the healing process of wounds. This fluid must be essentially different from that under consideration. A provision is invariably made by nature for repairing injuries, and the secretion of matter necessary to shield exposed parts from the injuring properties of the air must constitute an essential exercise of her providence. The gangrenous discharges from wounds, the offencive matter which often issues from them will claim future attention. I close this section with observing that the instance adduced of a worm being the cause of the gangrene which terminated so happily on its removal, is an evidence to our senses of what this species of animal may effect; and wherever like appearances and symptoms present themselves, it will be more rational to believe such to be the cause, than give credit to a cause which never has been nor ever can be seen.

§ 70. That gangrenes and phlegmons are immediately derived from the depredations of worms receives support from many collateral evidences.

The ingenious Doctor Willan, in his description and treatment of cutaneous diseases, order first, page

87, gives us the following case. "In one case of the Prurigo Senilis, I accidentally observed a number of small insects on the patients skin and linen. They were quick in their motion, and so *minute* that it required some attention to discover them. I first took them for small pediculi: but on applying a magnifier they appeared to belong to the genus pulex, not however, answering to any of the species described by Linnæus." An accurate drawing is given of this insect in a plate. He adds "It is proper to remark, that neither this patient's wife, nor any of his family was affected in a similar manner: nor could any of the insects be found upon them by the strictest examination. No general conclusion should be drawn from a solitary instance: the present one however will warrant a supposition that other cases of the prurigo senilis, or even the prurigo formicans may be owing to the same cause."

§ 80. A solitary fact, indisputably established, is more satisfactory to the mind than a thousand unsupported and undefined conjectures. In speaking of the prurigo mitis, he thus describes it; "the prurigo mitis originates without *any previous indisposition*, generally in spring, or the beginning of summer. It is characterised by soft and smooth elevations of the cuiticle, somewhat larger than the papulæ of the Lichen, from which they also differ by retaining the usual colour of the skin; for they seldom appear red, or much inflamed, except from violent friction. They are not, as in the other case, accompanied with tingling, but with a sense of *itching almost incessant:* this is, however, felt more particularly on undressing and often prevents rest for some hours after getting into bed. When the tops of the papulæ are removed

by rubbing or scratching, a clear fluid oozes out from them, and gradually concretes into thin black scabs. Notwithstanding this change, the itching does not abate; and by the constant friction which it demands, inflamed pustules resembling Phlyzacia are sometimes produced. These pustules, when they appear early in the complaint, must be considered as incidental, and not as proper to the disease." He defines phlyzacia to be "a pustule exhibiting an elevation of the cuticle, sometimes globate, sometimes conoidal in its form, and containing pus, or a lymph which is in general discoloured." In accounting for the prurigo he remarks, that it "mostly affects young persons; and its cause *may, I think* in general be referred to SORDES collected on the skin, producing some degree of irritation, and also preventing the free discharge of the cutaneous exhalation; the bad consequences of which must necessarily be felt at that season of the year when perspiration is most copious. Those who have originally a delicate or irritable skin, must likewise, in the same circumstances, be the greatest sufferers."

What idea can we annex to the word *sordes* when proposed as a cause of such a disease? It is a latin word signifying according to Holyokes Dictionary—"Filthiness, uncleanness, corrupt matter, &c." supposing these immundities to exist, a thing impossible in every case, as it occurs to those who are the most cleanly, or who are carefully washed and freed from every thing of so offensive a nature, how can they produce the effects above enumerated? Is not this preferring an unsupported suggestion, to a demonstrated fact? As intolerable itching is one of the most distressing symptoms of this malady, would it

not be rational to investigate the cause of itching, as probably leading to a correct view of the origin of every other evil concomitant to this disease? Our author will afford us much aid in this enquiry. The following from him, is well worthy of consideration.

"Prurigo podicis" induced by "Ascarides in the rectum excite a frequent itching, which ceases when the cause is removed by proper medicines." He adds a very extraordinary assertion which never can admit of any proof. "A similar complaint often arises, independently of worms, hæmorhoidal tumors, or other obvious causes." What can these be, "which are mostly found to affect persons engaged in sedentary occupations; and may be referred to a morbid state of secretion in the parts, founded *perhaps* on a diminution of constitutional vigour." The disposition of the human mind to resort to occult rather than to obvious causes is here very conspicuous. If worms were evidently too incompetent to effect such as are here attributed to unascertainable causes, then might there be some pretence to suggest ideas merely of the imagination; but where no symptoms occur that have not been traced to worms without the possibility of deception, and where they are here acknowledged to be present, how they could be lost sight of in a mind so luminous as that of Dr. Willan might seem very extraordinary. But when we know that all the most celebrated authors that preceded, and were contemporaneous with him, his oberrations are lost in the multitude of his associates. But to return to the narration.

"The itching is not always accompanied with an appearance of papulæ or tubercles: it is little trou-

blesome during the day time, but returns every night after going to bed, and precludes rest for several hours. The complaint continues, in this form during three or four months, and has then an intermission, till it is produced again by *hot weather, fatigue, watching or some irregularity in diet.*" Here again, our author finds it impossible to adhere to the known process of nature, and must assign causes which are to her, except one, altogether unknown. The evil is attributed to ascarides, animals unquestionably brought into existence in the ordinary way, and subject to the casualties inseparable from life. As they may, with reason, founded on the strictest analogy, be supposed to undergo the metamorphose common to their class of beings, or from the exertions of the system, or the efforts of art be expelled from their habitation, or rendered harmless for a time in it, would be deriving conjecture from almost irresistible evidence, were such conjectures adopted. In this way, a renewal of their depredations would be considered as the developement of a new brood; but when the return of the sufferings is ascribed to fatigue, watching or some irregularity of diet, we have in these, a new source of generation. The heat, we know has a share in such productions, but taken alone is surely insufficient.— A long quotation is here introduced from Dr. Letsom on the same subject, and coincident with the same views, and therefore solicits present observation. It is taken from the third volume of the Memoirs of the Medical Society page 348, and doubtless had the full approbation of that learned body.

"The same disease occurs at the decline of life, under a variety of circumstances; the Doctor thinks it may be considered 'as frequently a preventive of o-

other diseases, having observed many persons after various long indispositions relieved by its appearance. A gentleman, sixty eight years of age, who had long laboured under a disorder of the chest, with a weak and intermittent pulse &c. was perfectly relieved from these symptoms by the prurigo podicis. A favourable termination of the same kind happened in the case of a person who had been upwards of three months affected with vertigo, and other strong symptoms of an approaching apoplexy. Another person was relieved in the same manner, after being much debilitated by frequent fits of the gout: he immediately, however, endeavoured to allay the troublesome sensation of itching, by a strong saturnine solution; and after using this preparation for a few days, he suddenly expired in his chair."

In this mode of reasoning, Dr. Lettsom clearly makes a distinction between the affection of the chest in one case, of vertigo and strong symptoms of approaching appoplexy in another, and in the last, gout attended with much debility, as all of them occasioned by causes distinct from, but relieved by the appearance of prurigo podicis, and the prurigo podicis evidently excited by the worms, ascarides. This is not a view which would be taken of the phenomena by unbiassed minds. The enquiry would rather be, can these diseases by any means be induced by ascarides differently situated, or are they ever so situated as to make it possible for them to produce such an effect? Can their change of situation obviate such an effect, and in being chaced from their snug situation, can they reproduce the effects, or prove more immediately deleterious than before they migrated? These are considerations that would much occupy an enquiring

mind, solicitous to ascertain the truth. I shall offer upon this important subject a few reflections that will not, I hope appear irrelevant.

§ 81. Boerhaave in his institutes § 740 gives the following definition, as I find in a translation of that work published in London, 1757. I am not possessed of, nor can I readily procure the original.

"1*st.* The proximate or immediate cause of a disease, is all that which occasions the whole present indisposition which it constitutes; and it is therefore always the entire efficient, and present cause of the whole disease whether it be simple or compound.

2*nd.* The presence of this makes and continues the disease, and the absence of it removes the disease; whence it is almost the same thing with the entire disease itself, and is therefore highly necessary, and extremely useful to be known or discovered."

We have here that confusion of ideas which must be unseparable from a definition attempted by one who has not a clear comprehension of the subject, to which our illustrious author did not pretend. But he saw the advantages that would result from a perfect knowledge of the nature of the cause of disease, and that a discovery of it would essentially promote the interests of the healing art. It would have facilitated the full reception into the mind of the principles meant to be defined, if his positions had been illustrated by an example. If the definition and the example were in all points to correspond, they would reciprocally afford evidence of the correctness of each other. I

shall attempt the application of the case adduced in sect. 61 to this definition.

An inflammation and swelling of the abdomen was discovered. This may be stated as the *disease*. Suppuration ensues, and when the tumour is opened a large worm appears. Can any doubt remain in the mind that the worm was the proximate cause of the disease, but it was not the disease *itself*. This may perhaps be more justly attributed to the effort of the system to resist the cause of sufferings as it is the motion excited by the assailant which constitutes the symptoms. The cause and the effect, are in this view completely separated, as in nature must ever happen. In the definition they are confounded together, so as to leave the mind incapable of distinguishing them.—I shall endeavor, on a future occasion farther to elucidate this subject. The definition states that the presence of the cause makes and continues the disease, and the absence of it removes the disease, &c. In the case cited from Dr. Lettsome, the presence or absence of the ascarides was the criterion of freedom from, or the experience of gout and other maladies. By the absence or presence must here be meant their exposure to the senses: But if they were capable of being transferred to situations susceptible of gouty affection, it would then be more rational to say, that in one situation they produced gout, in another asthma, &c. and when they were placed in a situation in which the immediate principles of life were not concerned, and on being disturbed there, they resorted to parts possessed of functions necessary to life; but which functions being interrupted, proved destructive of it, then we have, if this should be correctly the pro-

cess, a clear idea of the cause and effect as contingent to disease.

§ 82. If due attention is given to what has been offered in sect. 1, No. 1, of the first volume to the end of that communication, and particularly to sect. 21, the differences of disease from the change of position in the ascarides, will, if the arguments there offered are deemed conclusive, accord with the established laws of the animal œconomy. If difference of structure (21) necessarily exhibits a difference of symptoms, then ascarides in the Thorax will entrain symptoms such as the organs contained in it are capable of manifesting, and these will vary as these organs vary from each other, the cause being severally the same. It is impossible to determine the primary seat of the gout; we know the first invading symptoms evince a derangement of the stomach, and frequently of the other abdominal viscera. As these are all of them, known to afford a domicilium to the ascarides, it should seem justifiable, according to the observations of Doctor Lettsome, to attribute this malady with all its train of anomalous symptoms to these cogent enemies. The gout ceasing when they appeared externally, and recurring when they forsook the surface is certainly as warrantable an opinion, and supported by a greater number of ascertained phenomena than any other hitherto offered.

§ 83. The gout is defined by Cullen in page 125 of his Synopsis vol. 2 gen. 24. Edit. 4. to be an hereditary disease, appearing without any evident cause, but invading, for the most part with an unusual affection of the stomach; pyrexia; pain *infesting* especially, the joints of the feet and hands, more frequently

the joints of the great toe; returning at intervals and frequently alternating with affections of the stomach and of other internal parts.

A calcareous matter, a full and an indolent mode of living have been usually considered as the cause of gout. The first is totally inadequate to the production of a disease of so protean a character; a moments reflection in an unbiassed mind will ascertain the necessity of seeking some other cause. The full habit affords no satisfaction.

We have clearly seen, and again we must refer to it, that when ascarides abounded in the external parts in the vicinity of the anus, that the gout ceased, and as soon as they removed, the gout returned. We know that these worms are very minute, very active, and have no difficulty in migrating from place to place. We are assuredly warranted in believing that wherever they take up their abode, they are liable to occasion disorder. I say liable, for it does not follow that their presence is invariably productive of disease; it may perhaps, be safely alleged, that there is not an individual of the human species, that is totally exempt from them. It is however not less true, that they very often do prove not only troublesome, and painful, but frequently dangerous guests. Observers, satisfied of their so often appearing to be innoxious, have been led to determine that they are never otherwise: but a more correct investigation will probably undeceive them. I shall not attempt to explain wherefore it is that the body so often experiences violent perturbation from their aggressions, and so frequently appears to be insensible of their depredations. This may perhaps be owing to the difference of structure of the dif-

ferent parts and their aptitude to resist the assailants, or their incapacity to support the changes inseparable from the supply of food of which these devourers are in quest, without suffering an injurious interruption to the performance of their necessary functions. A difference of structure in the several parts of the body, when interrupted, must offer symptoms as distinguishable as is one part from another; and as one part certainly is more sensible of any change than another and as the greater importance in the animal œconomy of one part than another is indisputable, so the effects of injury sustained by any of these parts, or the subduction of the materials they can spare, as in the contents of the primæ viæ, must be in proportion to the value of the material so obtained.

(*To be Continued.*)

MEDICAL AND PHILOSOPHICAL REGISTER.

An account of a very extraordinary tumor, extirpated from the ear of a Horse. With an engraving. Communicated to the Editor by John Haslam, Veterinary Surgeon.

On the 23*rd* March, I was called to extract a tumour from a horse between four and five years old, which was supposed to be a wen, as it bore all the appearances of one—this tumour was situated at the lower part of the right ear. After having cast the horse and had him well secured, I proceeded to examine the parts, and found a sinus on the anterior edge of the ear, about three fourths of an inch from its inferior part. I introduced the director into the sinus and cut down to the tumour. I then proceeded to dissect it out and found the two exostoses contained in the capsula as I have presented it to you.

These exostoses had their seat on the temporal or rather between the junction of the temporal and parietal bones; this, in a horse's head which I now have before me, is six inches and one fourth from the last maxillary tooth.

On an enquiry into the case preceding the time I was called upon to perform the operation, the following account was given to me. That about Christmas 1807, when the negro man went one morning as usual to feed the *stock*, he found that this horse turned his head to one side, and upon examination, saw the blood running from about his ear. A vicious bull was kept upon the farm, and as the bull and horse had been in the yard together all night, the man examined the horns of the bull, found about an inch at the end of one of them to be bloody, which verified his suspicion of the horse's having received his wound from him.

The bleeding continued at times for about two weeks, when it ceased, and matter issued from the sore. It was at this time he first saw a small lump take place, about as large as the end of his finger.—The discharge of pus continued until I was called to extirpate the tumour.

I am your most obedient servant,

JOHN HASLAM, V. S.

Baltimore, March 28, 1809.

To Dr. T. WATKINS.

EXPLANATION OF THE PLATE.

A. Exterior appearance of the exostoses. The sac in which they were contained, divided in its whole length and the parts thrown back, to bring the contents fully into view.

B. The situation in which the exostoses were formed behind the right ear.

C. The length of the osseous substances, when combined, 2 inches and $2\frac{1}{2}$ lines. That of the upper 1 inch according to the scale.

D. The breadth of the bones 1 inch and half a line.

E. This bone was simply in contact without any degree of adhesion. The view is oblique in order to shew the surface of the lower end where it was in contact with the upper, and its front view.

Letter from Dr. John Brickell of Charleston, to President Meigs of Franklin College, Athens, Georgia, on the subject of the falling of stones from the atmosphere.—From the Charleston City Gazette.

Savannah, 22*nd* February, 1809.

DEAR SIR,

YOUR very obliging and scientific letter, relative to the fall of stones, (some in a state of ignition) from the atmosphere in different parts of Connecticut, on the 14*th* December, 1808, was handed to me by my friend Mr. Harris. Various opinions relative to this phenomenon have delayed my reply.

The descent of stones from our atmosphere, on sea and land, at different times, and in various parts of the world, as attested by history, is no less true than formidable and astonishing. Many instances of this kind which are not on record, have doubtless occurred.

I recollect reading in Livy, when a boy, of the descent of a shower of stones in Italy, to the no small amazement of myself and classmates. Such a shower fell, not long ago, upon a vessel at sea bound to Charleston, (S. C.) from which the terrified seamen took refuge between decks after shutting the hatches. Specimens of these stones are preserved.

A terrible shower of stones is said to have descended in Benares, (India) lately; and we have a circumstantial history of a shower of burning stones, which fell in different parts of Parma, (Italy) last April.—One of these upon being examined, affected the magnetic needle. Its specific gravity was more than thrice that of water, and its surface was vitrified, as if it had been acted upon by volcanic or other powerful heat.

It contained a silicious earth, oxyd of iron, magnesia, oxyd of nickel, oxyd of manganese, oxyd of chrome and sulphur; not, however, in equal proportions.

As water cannot ascend spontaneously into the atmosphere, (I mean without the agency of whirlwinds, or other adequate force) before its levity is augmented by resolution into constituent gases, the ascent of a body of stone, metals, &c. whose density exceeds that of water, must be impossible, without volcanic or other powerful agency. We may here remark, that the vertical and moving pillars of sand observed in various parts of the world occasionally, appear to be raised as water-spouts are, by winds.

Had the ponderous bodies of stone, metal, &c. which have frequently fallen from our atmosphere for

ages, descended from the moon or other planets or satellites, the increase of matter in the earth, augmenting the centripetal force, must have drawn it nearer to the sun, (Newton's princip. lib 3, prop. 7); shortened our year by diminishing the semi-diameter of our orbit, and increasing the velocity of the earth's motion, (princip. lib. 3, prop. 2); and increased the solar parrallax as we approached him, [Euclid, lib. 3, prop. 20].

Had these meteoric stones come from the moon, the loss of matter lessening her gravitation and celerity, must have carried her to a greater distance from us, diminished her parallax, and lessened the number of her annual lunations, by the above cited doctrines.

None of these consequences having occurred, we must infer, the quantity of matter in the earth is unchanged since the creation, and consequently, that these æropiptic stones are thrown from our volcanoes.

Many of these stones, which you have mentioned, are probably from Hecla, which has been in a state of dreadful explosion occasionally of late; and flaming stones from the southward and eastward, are likely to have come from the islands, or from the country between Lima and Quito, which has been in vehement commotion.

The force and direction of the wind acting on these meteoric stones, as well as the state of the air, must have effects—a copious quantity of oxygen gas must give them additional splendor in their passage through it.

When the wind is with or against them, their velocity and the distance they travel will be proportionably affected; a lateral wind must act upon them as the angular bearing and ventral impetus, (Newton's princip. lex. 3, cor. 1.)

These stones are seen to fall back into the crater generally, in calm weather; but are carried off by wind and finally descend to the earth, after describing a parabola, more or less elevated in the atmosphere, proportionate to their projectile force and centripetal power.

I remain, sir,
With highest esteem,
Your friend and humble servant,

JOHN BRICKELL.

Mr. President Meigs, Franklin College, Athens, Georgia.

Medical and Chirurgical Faculty of Maryland.

At a biennial meeting of the Medical and Chirurgical Faculty of the State of Maryland, held on the first Monday of June last, the following gentlemen were elected officers for the ensuing two years:

President—Dr. Philip Thomas, of Fredericktown.
Secretary—Dr. Samuel Baker, *vice* Dr. Potter (resigned.)

Treasurer—Dr. Sol. Birckhead, *vice* Dr. Shaw (deceased.)

Orators—for the Western Shore, Dr. John Owen

————for the Eastern Shore, Dr. W. B. Keene

Examiners for the Western Shore.

Drs. Crawford, Drs. Birckhead,
—— Davidge, —— Bond,
—— C. A. Warfield, —— Cromwell.
—— Potter,

Examiners for the Eastern Shore.

Drs. Ennalls Martin Drs. J. M. Anderson, jr.
—— Perry E. Noel, —— Stephen T. Johnson.
—— Tristram Thomas.

And at a meeting of the Examiners for the Western Shore, licences to practice Physic and Surgery were granted to the following gentlemen:

Hezekiah Wheeler Maxwell M'Dowell
William M'Pherson Joseph Lancaster
John D. Perkins William H. Dent
Thomas H. Kent

University of Pennsylvania.

At a public commencement held on the 20th of April, the *Degree of Doctor of Medicine* was confer-

red on the following gentlemen, whose names with the subjects of their Inaugural Dissertations, and the states in which they reside, are as follow:

Massachusetts.

Walter Channing, on Animal life
Thomas G. Keegan, on Biliary Calculi
Reuben D. Mussey, on Cutaneous Absorption.*

New Jersey.

Aaron Dickerson, on Exercise
John B. Johnes, on Injuries of the Head
John T. Woodhull, on Albino's.

Pennsylvania.

Joseph Bullock, on Asthma
Richard D. Corsen, on Pyrola Maculata and Pyr: Umbellata.
Abraham Carpenter, on Hysteria
Seth Catell, on Tetanus
Robert Dodd, on Ascites
John Eberlé, on Animal Life
Samuel Gauntt, on Balsam Peru:
Wm. F. Houston, on disease of the Hip-joint
Thomas Harris, on the Effects of Light
James Rush, on the use of the Omentum.*

Delaware.

John Burton, on Dysentery
John Gibbon, on Apoplexy.

Maryland.

Edward Gantt, on the proximate cause of Conception
Lazarus Horsey, on Frictions
Samuel Johnson, on Chlorosis
W. B. Tyler, on Hydrocele.

District of Columbia.

Robert French, on Puerperal Fever.

Virginia.

Robert P. Archer, on Hydrocele
James C. Bronough, on Hepatitis
Richard Durritt, on Cynanche Trachealis
Wm. B. Goodwyn, on Exercise
John Hayes, on Cuticular Absorption
Thomas Henderson, on Dysentery
John P. Mattaur, on Disease
Michael Murray, on Uterine Hemorrhagy
Joel Martin, on Hemoptysis
Richard Povall, on Catamenia
Burket D. Thompson, on Dropsy
Addison W. Waddell, on Hydrothorax
George Watson, on Animal Motion.

North Carolina.

Hardy Hoskins, on Bilious Pneumony
Joseph W. Hawkins, on Pthysics pulmonalis.

South Carolina.

Francis Conovor, on Hydrocele
Charles Drayton, on the partial inversion of the Uterus*

Thomas Fuller, on the medical effects of Light and Darkness.

Paul Hamilton, junr. on Cynanche Parotidea

Wm. A. Holmes, on Hydrocele

Wm. S. Jenkins, on the puncture of the Bladder

Thomas W. Mazyck, on Fistula Lachrimalis

Fabricius Perry, on Pleurisy

Joseph D. Legare, on the effects of the mother's imagination on the Fœtus

James Smart, on Abstinence

Wm. Waley, on the effects of Habit.

Tenessee.

Thomas H. Holland, on Rheumatism

Boyd M'Kary, on Ulcers

John Shelby, on the Lauro Cerasus.

Kentucky.

John Harney, on Love as a disease

Alexander Montgomery, on Juglans Cinerea

James Overton, on the use of Vesicatories in Typhus

Reuben B. Stockton, on Mortification

Caleb B. Wallace, on Chorea St Viti.

Georgia.

Jared Irwin, on Tetanus

Elijah L. Lawton, on Aliment

John M'Cleod, on inflammation of the Brain

James G. Troup, on Conception.

A Pathological Fact, in proof that there exists a more direct Channel of communication between the Alimentary Canal and the Bladder, than that through the medium of the Sanguiferous System. By Dr. Maxwell M'Dowel, *of Baltimore.*

Medical philosophers have, for a long time, suspected the existence of a much nearer *channel* of communication between the alimentary canal and bladder, than the circuitous route of the blood-vessels. Numerous physiological and pathological facts have given rise to this suspicion. Ingenious experimentalists have endeavoured to make suspicion yield its seat, in the human mind, to the clearer evidence of *established* fact. The knife of the anatomist has also been employed in the important investigation; but it has not thrown any other light upon the subject, than what is reflected from a discovery in *comparative* anatomy. The ingenious and ever to be lamented Mr. Hewson discovered in a turtle, "that the lacteals near the root of the mesentery anastomose, so as to form a network, from which several large branches go into some considerable lymphatics lying near the spine, and which can be traced almost to the anus and particularly to the kidneys." The late Dr. Darwin, supposing that the lacteals in the human system were connected with the urinary branch of lymphatics by anastomosing branches, undertook to account for the communication in question, by his doctrine of the "retrograde action of the urinary branch of the lymphatic system."

The subjoined fact, which took place in my own system, satisfies my mind beyond the *shadow* of a doubt, that the suspected communication *actually* exists.

Early in the autumn of 1798, being in a small village in the state of Kentucky, I felt slightly indisposed, and considered it necessary to take a cathartic.—I swallowed *half a drachm* of pulv. rhæi. When I felt the action of the medicine in my bowels, I retired to the forest, for the village did not contain *one* temple dedicated to the goddess Cloacina; and to that circumstance alone I am indebted for the pathological discovery. The first evacuation was *per urethram*, and the extraordinary colour and consistence of the urine produced a momentary alarm, which yielded to a regret that I was not furnished with a vessel to secure the urine for examination. The urine, in passing over the leaves, left an *earthy* matter attached to them. The next time that the medicine required me to retire, I put a four ounce vial in my pocket. I filled the vial with the first urine that appeared, which retained a slighter shade of the same colour of that which preceded it, and was also less turbid. After letting the vial stand a sufficient time, in a secure place, I poured the liquid off the deposited substance, suffered it to dry, and then ascertained to my entire satisfaction, that it was a portion of the pulv. rhæi, which I had swallowed a few hours before this turbid urine passed off. It may not be amiss to mention, that, though I had two copious *alvine* evacuations, yet their consistence, together with their manner of expulsion, seemed to show that the rhubarb had no other effect upon the bowels, than *moderately* to increase their natural peristaltic motion.

I have mentioned the foregoing fact to several of my medical brethren. Some of them suggested that the deposited substance might have been a *lateritious* sediment. To such I beg leave to propose the following questions: Would urine, in passing over leaves, leave a *lateritious* sediment behind? Does the *passing* current of urine, containing *lateritious* sediment, appear *turbid?* Is it not remarkable that my urine should not have deposited a *lateritious* sediment at any former period of my life? Is it not equally strange that my urine has never been *turbid* since the autumn of 1798? In fine, is it not unaccountable that the only period of my life, in which my urine deposited a *lateritious* sediment, should be *four* or *five* hours after I had swallowed *half a drachm* of rhubarb? About three years ago I took a *scruple* of rhubarb, in order to see if it would pursue the same course; but it passed through my bowels by purging me briskly.—— The state of my system, however, when I took the scruple, was very different from what it was in the autumn of 1798. I am entirely at a loss to know how the rhubarb found its way into my bladder.— Perhaps the communication between the alimentary canal and bladder, in my system, is a "lusus naturæ." Of one thing I am *certain:* the rhubarb did pass off with my urine, for, before I can disbelieve the fact, I must be taught to discredit the testimony of my senses of SIGHT and TASTE. Surely no man, in the dispassionate exercise of his intellectual powers, could for a moment suppose that the rhubarb entered my left subclavian vein, passed on through the right auricle and ventricle of the heart, performed the round of the pulmonic circulation, entered the left auricle and ventricle of the heart, and continued its course along the descending aorta, to be conveyed out

of the system through the emulgent arteries and urinary organs. Such a supposition would, in my opinion, be an outrage against common sense. Till the knife of some fortunate anatomist dispels the cloud which, at present, envelopes the subject, the only resting place I can find, for my mind, is that which Dr. Darwin has suggested. I must therefore think that a *diseased* action of my lacteals took the rhubarb out of the alimentary canal, and hat anastomosing branches conveyed it to the urinary lymphatics, and that it entered my bladder by means of the "retrograde action of the urinary branch of the lymphatic system."—Of the truth or error of this hypothesis "Dies docebat." *Med. Mus. No* 22.

A Description of the Apparatus by which the Experiment on the Decomposition of Potash by Iron, has been repeated at the Royal Institution, in London.

The apparatus consists of a common gun-barrel curved with one large and one small curvature, and passed through a portable furnace, to which the pipe of a pair of bellows is admitted through an aperture at its side. The curved part of the pipe hangs downwards; to one of its ends an iron tube of about the capacity of two inches, having a ground stopper, is adapted, for containing the potash, which flows out of it, through a very small hole at the lower end. To the other extremity of the bent barrel, a tube of safety is fitted, containing a little mercury or naptha, to prevent communication with the outer air.

In the experiment, iron turnings, put into the barrel so as to fill a part of the lower portion of its curve, are heated to whiteness; the potash is then slowly fused, and flows on the turnings, where it is decomposed; and its base is found condensed near the other extremity of the barrel.

The proportions from which the best results have been obtained, are about $2\frac{1}{2}$ parts of iron turnings to $1\frac{1}{4}$ parts of potash.

In order to the complete success of the experiment, the whole apparatus should be perfectly dry, clean, and impervious to air; the turnings free from oxidation, and the potash very dry; which last is effected by heating nearly to redness. Pure or christallized potash, in its usual state of dryness, contains water enough to occasion the failure of the experiment.—The tube containing the potash should be surrounded with ice, until the iron turnings are white hot; and that part of the barrel where the metal of the potash sublimes, should also be kept cool during the whole process. The barrel should be carefully luted; and it is proper to examine the lute after it has been exposed to a read heat, in order to repair any cracks which the fire may have occasioned.

At the commencement of the decomposition, hydrogen gas is evolved, and continues to come over during the whole of the process. Towards the end of the experiment, a very intense heat should be continued for some minutes, to drive off the last portions of the metal of potash, which adhere to the iron turnings with great obstinacy.

London Athenæum.

Extract of a letter from DR. GAITHER, *of Washington County, Kentucky, to the Editor of the Western World, dated,*

Springfield, April 26, 1809.

INTRA MUSCULAR ABDOMINAL MONSTERS.

BELIEVING it the duty of professional men, and particularly of the healing art, to lay before the public such occurrences in their practice, as from their singularity, may either awaken useful enquiry, or promote substantially the happiness of man, by increasing the catalogue of facts whence a knowledge of the animal economy is derived, I who am a young and diffident practitioner in the science of medicine, beg leave to submit to the public a fact of that description. It is so contrary to the common course of nature, and to the prevailing and general received opinions of the learned in the science of physiology, as to justify the conjecture that nature has yet many mysteries in reserve of great importance to the human family. When or in what manner she may please to disclose them: whether she will surrender them voluntarily and in connection, or whether they are to be unfolded singly, and by seeming accident, and irregular intervals, remains equally a mystery. Possibly the learned may avail themselves of the instance I am about to relate either to elicit or extort from her many valuable secrets—It is with this view and hope, it is submitted to them. It will be faithfully and accurately related,

and can be in all its material parts substantiated by many persons of unquestionable veracity.

On the 7th of April, in the county of Washington, I was called to visit a female child, the daughter of John Milbourn, jun. The child was two years and nine months old, and was supposed to be affected with the ascites or dropsy of the belly. She died about three hours after my arrival.

Her parents gave me a detailed account of her case, and its various symptoms. I was by no means satisfied that it was a real dropsy, though there was great tumefaction and tenseness of the abdomen, and fluctuations evidently felt when prest by the hand. But as the symptoms were some of them inappropriate to the disease, and others so equivocal, I could not but suspect that her disease had been either unknown or misconceived. I prevailed on her parents to permit an instrumental examination. The operation was performed in the usual way, by a longitudinal incision, from below the sternum and reaching near the pubis; and a transverse one passing through the epigastric sides.

A cavity was opened to about half the distance between the abdominal cavity and the exterior surface that discharged between three quarts and a gallon of yellow water, which smelled like rotten eggs. Within the cavity was found a monster, or imperfect child, and also an animal substance of a whitish colour.—The monster weighed one pound and fourteen ounces, the substance weighed two ounces, was rather of an oval figure, and was connected to the child from which it was taken by a cord that had some faint resemblance to the umbilical. On one extremity of the

substance is a small teat or protuberance about half an inch long, and between one fourth and one half an inch in diameter, and immediately by it is hair of a darkish or auburn colour, about an inch and one fourth long. The only analogy it bears to the human is, that it is covered by the epidermis.

The monster occupied part of the epigastric and the umbilical regions. It was not connected to the inner surface of its cavity by a cord or any visible medium. Whether a cord or other medium of connection existed and been destroyed by putrefaction (which from the smell of the fluid and other appearances had commenced) could not positively be ascertained. That there must have been some medium of connection I am confirmed as well by the universal course of nature and analogy on this subject, as by an appearance at the articulation of the cervical and dorsal vertebræ, resembling faintly the divided funis.

The position of the monster in its envelope was awkward; its thighs drawn up to its abdomen and attached to it in places. The left resting on the shoulder and reaching as far as the back part of the head. The right resting or pressing on the back of the right hand. The bones of each thigh have perorated the flesh at the knee, and are about half an inch out. The left leg is imperfect, lies back along the thigh to which it has grown. The right leg is also imperfect, its foot is suspended over the head. On one foot are three toes; on the other a small appearance of two. From the knees to the shoulders there is considerable perfection of form. Its sex is indistinctly marked—the indications are of the feminine. The left arm should rather be called a stump than an arm, it has no hand—

at the end of the stump is a nail. The right arm is large and long, it has three fingers and the thumb.—The head is very imperfect—it rests upon the breast between the knees. It has neither ears nor eyes, or appearance of any substitute for either—no mouth nor any thing that has a near resemblance to it. There is on the left side of the face, or rather that region of the head which the face should occupy, a small prominence which contains three teeth, the canine and two incisores—they are about the size of the teeth of a child of two years old. This prominence or mouth, if it may be so called, has no aperture. On the back part of the head was hair of a dark or rather of an auburn color, eight or nine inches long. The body of the monster was seven inches long and ten inches in circumference. The thighs six, eight in circumference. The arm five inches long—the stump not quite four inches in length.

The interior of the cavity which contained the monters resembled the membrana decidua. This appearance was assumed, for upon examination there was not any vestige of membrane peculiar to the monster discovered. Having explored this cavity and dislodged its contents, I extended the incision through the muscular partition in the abdominal cavity, and examined the visceral. They were rather pale, otherwise natural.

The little girl that those monsters were taken from for about nine months was healthy. Her parents discovered when she was only a month or two old, something hard within the abdomen which continued to increase. After this time she became less healthy; but her complaints were those incident to all children.—

About nine months prior to her death, she began to decline and became emaciated; her appetite continued strong; her longings and desire for ardent spirits were great; she would become intoxicated if indulged in the free use of them; it took a considerable quantity to affect her; she drank freely an hour before her death. I believe it was the use of spirits in part supported her so long. She was of the ordinary size of children at her age, had dark hair and eyes, and would have been handsome, but for a gloom and melancholy that sat upon her countenance, which made her appearance peculiarly interesting— She looked like the child of grief. Her countenance exhibited evidences of a good understanding, and her little tongue confirmed it.

EDWARD B. GAITHER.

I certify, that I examined with anxiety and attention, the monster above described, and also the substance, and believe the description to be accurate.— I also conversed with the young gentleman who was present and assisted at the operation—his statements were correspondent with the above narration of facts and circumstances. In the veracity of the doctor and young gentleman with whom I conversed, I have most absolute confidence.

JOHN ROWAN.

April 26, 1809.

I, THOS. J. COCKE, do certify that I have examined the above described monster and that it answers to the description given; and that I have the fullest belief of the whole of the facts as related.

April 28, 1809.

I do certify that I have particularly examined the monster above described, and it corresponds with the above statement; and I have the fullest confidence that all the circumstances as stated are correct.

JNO. CALHOON.

April 28, 1809.

[The following case is extracted from a very interesting little tract lately published, containing a number of "*Cases of Organic Diseases of the Heart*," and very politely sent to the Editor by the Author JOHN C. WARREN, M. D.]

CASE OF HYDROTHORAX.

The following case of hydrothorax will shew, that water may exist in the chest without the symptoms, which we have attributed to organic diseases of the heart.

MRS. T——, aged 56 years, of an excessively corpulent habit, had been affected for a great number of years with a scirrhus of the right breast. Finding her health decline, she at last disclosed it, and in coincidence with the opinion of DR. WARREN, sen. I amputated it on the 30th of May, of the present year. We however informed her friends, that the probability of eradicating the disease was extremely small.—The skin was in many places hardened and drawn in, and in others discoloured, and ulcerated at the nipple, so that it was found necessary to remove, not only

what covered the breast, but some portion of that which surrounded it. A long chain of diseased glands, extending quite to the axillary vessels, was also extirpated. She bore the operation well, lost no great quantity of blood, and recovered her appetite and strength surprisingly in a few days, while the wound healed rapidly. At the end of twenty days a difficulty of breathing commenced, and soon became so oppressive, that she could no longer lie in bed; partly, no doubt, on account of her extraordinary obesity.—the pulse was small, quick, and commonly feeble, but sometimes a little hard, when any degree of fever was present. The countenance became pale, the lips of a leaden hue, the eyes dim. We were surprised at the change, and conjectured that the cancerous action had suddenly extended to the lungs. Yet she had not the slightest cough, and it was remarked by Dr. Warren, sen. that he had never observed that diseased action to increase, while the wound remained open. At last the lower extremities swelled, which might be attributed to the upright posture, and the pressure on the absorbent vessels in that posture. The appetite failed; she complained of a constant sense of depression at the stomach, and, without any remission of the difficulty of breathing, died on the 1*st*, of July.

On the next morning the body was examined. The pleura in both cavities of the thorax was studded with small, white, and apparently homogeneous tubercles; the lungs contained a great number of similar bodies. The right cavity of the pleura was entirely filled with water, of which we removed at least three quarts.—The heart was of the usual size, very flaccid and tender; but no otherwise disordered. The liver was enlarged, of its usual colour, much hardened, and had

on its surface, and in its substance, many tubercles like those in the thorax. It had also a great number of encysted cavities, each about the size of a hazle nut, which contained a thin yellow fluid. The gall bladder was wanting, and in its place there was a small, but very remarkable depression, without a vestige of any former gall bladder, for the coat of the liver was as smooth and as perfect there as in any other part.* The pancreas was in a scirrhous state. The abdomen did not contain any water.

It seems, then, that water may exist in the cavity of the thorax, without any remarkable symptoms, except dyspnœa and difficulty in assuming the horizontal posture. But in organic diseases of the heart, there is a long train of frightful symptoms, distinguishable by the most superficial observers. We infer that these disorders have been unnecessarily confounded.

A CASE *of* MORTIFICATION *arrested by the application of Blisters. By* J. AUGUSTINE SMITH, *Professor of Anatomy and Surgery in the University of the State of New York, and Member of the Royal College of Surgeons, London.*

ON Thursday, the 23*d* July, 1807, I was requested to visit a Mrs. Gressit, living in Gloucester county, Virginia. It not being in my power to go that day,

* See Soemmerring de corporis humani fabrica, vol. 6, pag. 138 and Baillie's morbid anatomy, pag. 248.

I did not see her until the next. When I arrived, I found the lower part of her right leg and ancle very much swelled, particularly the latter, which likewise had numerous vesications filled with a bloody serous effusion; these did not extend beyond the part where the tendo achilles commences. Her pulse was small, and about ninety. The account I received was as follows; that returning on the preceding Wednesday from church, in stepping from a piece of timber about eighteen inches high, her foot turned and she fell.—That her foot was so twisted by the accident from its natural position, that her companions thought it was dislocated, and proceeded to reduce it, in which they supposed they succeeded. That she was then carried to the nearest house, and that brown paper and vinegar were immediately applied. That on the next day she took a dose of salts, which operated freely. Her health, she said, had been indifferent for two years past, at which time her menses had disappeared; and that since she had been occasionally affected with sores, which were healed with difficulty.

Under these discouraging circumstances I gave a very unfavourable prognostic, being apprehensive my patient could with difficulty escape, even with the loss of her leg. I directed her to take as much of the cinchonæ flavæ as her stomach could bear, to drink freely of brandy and water, (as wine could not be procured) and to eat as much stimulant diet as she could. As she suffered no pain I did not administer opium. Her leg I directed to be dressed with the ung. resinæ flavæ.

25th. She had slept well, and the bark agreed with her stomach, and her pulse was rather fuller; but the

tumefaction of her leg had increased, and the vesications had extended higher. Her leg was now dressed with equal parts ung. resinæ flavæ & sp. terebinth.— The other remedies were continued.

Returning home, and reflecting upon the case, I recollected while in London, I had received a letter from my friend Dr. Dorsey, now adjunct Professor of Surgery in the University of Pennsylvania, informing me that Dr. Physick had used blisters in such cases with great success. I determined, if I found her no better the next day, to try them.

26th. Worse, the vesications being darker coloured, and more extensive. A blister about two inches wide, and sufficiently long to encircle the whole leg, was applied immediately above the vesications. No alteration in the other remedies.

On the *27th*, I was much pleased to find the tumefaction of the leg considerably diminished, and that the mortified spots, for the first time, showed a disposition to separate. The sp. terebinth was now omitted, other remedies continued.

The next day a blister was applied in the same manner around her foot. The dressing to the leg was continued for a few days, and then, any farther attendance being deemed unnecessary, I took my leave. I have since been informed that she completely recovered the use of her foot.

N. York Med. & Phil. Journal & Review No. 11.

MEDICAL SCHOOL OF NEW YORK.

College of Physicians and Surgeons in the City of New York,

August 7*th*, 1809.

THE public has already been informed that the Regents of the University, who are appointed by the Legislature, with a superintending power over all the incorporated seminaries of learning in the state, established, in the year 1807, a College of Physicians and Surgeons in the city of New-York, under their immediate direction, with a particular view to the advancement of medical knowledge.

After the first session, during which the members of the College and the professors endeavoured with unremitting industry, to discharge the duties assigned them, and to fulfil the expectations of the public, the Legislature honoured the College with a signal mark of its favour, in the grant of a liberal endowment; thus insuring the stability of the institution, and enabling it to provide those expensive appurtenances, without which a course of medical lectures would necessarily remain incomplete Henceforth this College will be found provided with all that is requisite for the most liberal medical education.

The New York Hospital is regularly attended by three of the professors, under whose immediate directions the students of physic will have access to an ex-

cellent school of practical instruction. This institution usually contains more than 300 sick persons; and Clinical Lectures on the cases occurring there are given by the professor of the practice of physic. The opportunities to acquire surgical knowledge are very ample, both in the practical and operative branches.—The extensive medical library of the Hospital will also furnish the student with many important resources, as well with regard to the value of the works it contains, as the facility of consulting them.

In the anatomical department no exertions will be wanting to provide the most ample means of instruction; the professor of anatomy devoting nearly the whole of his time to the duties of his station.

The cabinets of Natural History and Mineralogy, belonging to the professors of those branches, are already very extensive, and used for demonstration in their lectures. In these collections, which are almost daily increasing, the geological constitution and fossil resources of the United States are particularly displayed.

The course of Chemistry will embrace a particular account of all the new and important discoveries in that interesting department of knowledge, together with an exhibition of the experiments necessary to illustrate them, as well as the fundamental principles of the science.

The several courses of Lectures will commence regularly on the first Monday in November, for the winter sessions; and on the second Monday in April, for the summer sessions, in every year: the former will continue about four months, the latter about three.

A fee, not exceeding fifteen dollars, will be required from the student for attending each course of lectures, except those on anatomy, which, on account of the extraordinary labour and expense required in that department, will be twenty dollars.

The President of the Medical Society in every county of the state, is invited to designate a Student of Medicine, of fair moral character, of promising talents and diligent habits, who shall be admitted to attend the Public Lectures in the College free of expense.

Medical honors will be conferred by the University of the State on such students as give satisfactory testimony of their proficiency in the several branches of education connected with the healing art.

The Professors appointed by the Regents are, at present,

Nicholas Romayne, M. D. President, and Professor of the institutes of Medicine.

Samuel L. Mitchell, M. D. Vice-President, and Professor of Natural History and Botany.

Edward Miller, M. D. Professor of the Practice of Medicine, and Lecturer on Clinical Medicine.

Archibald Bruce, M. D. Professor of Materia Medica and Mineralogy.

Benjamin De Witt, M. D. Professor of Chemistry.

William J. M'Neven, M. D. Professor of Obstetrics, and Lecturer on the Diseases of Women and Children.

J. Augustine Smith, Professor of Anatomy and Surgery.

Published by order of the College,

NICHOLAS ROMAYNE, *M. D. President*

IBID.

Communication on White Swelling of the Joints, and on the treatment of Cataract, by R. REECE, M. D.

THERE is no disease which is more to be lamented, and to which the aid of surgery is applied with less success, than the affection of the joints known by the name of white swelling. This disease has been commented on by lecturers and authors, as existing under two species, distinguished by the appellation of scrofulous and rheumatic. The propriety of this division I am much inclined to call in question. Rheumatism, I admit, in a scrofulous habit, may prove an exciting cause of white swelling, but as soon as the white swelling commences, the slight redness attendant on rheumatism of the skin, and in some degree the pain, abate. The rheumatic affection of the other joints also gradually subsides, while the white swelling increases. The different symptoms noticed by authors, as distinguishing one species from the other, arise only from the disease commencing in different parts of the joint. As rheumatism affects principally the ligaments of the joint, the white swelling of course is likely to commence there, and spread to the bone and cartilage. When the disease is brought on by any accident or inflammatory fever, it commences on the interior of the joint and spreads to the ligaments.

Whether it commences in the ligaments which are the seat of rheumatism, or the interior part of the joint, the disease, in all the cases I have examined in the latter stage, exhibits the same morbid structure, *viz.*

partial collections of scrofulous matter, &c. &c. Rheumatism, therefore, has nothing more to do with white swelling than as an exciting cause. White swelling is often followed by small-pox, strains, and inflammatory fevers, and these with equal propriety may be termed variolous white swelling, &c. In the same scrofulous habit catarrh often produces phthisis pulmonalis.

From white swelling I am induced to make some observations on another disease not less troublesome in its cure.

Of the absorption of Cataract by the internal use of mercury we have had the most indisputable evidence. The following cure, which has occurred in my own practice, proves that its absorption may be produced by external irritation.

Admiral Henry having a cataract in each eye consulted Mr. Ware, who recommended their extraction. The admiral agreed to give the operation a trial on the left eye, and if it succeeded, he promised he should shortly after operate on the other: unfortunately, such a degree of inflammation and thickening of the cornea succeeded, as entirely to destroy vision, and in consequence he would not submit to any operation being performed on the other eye. The admiral having cured himself of many obstinate attacks of rheumatism and gout by severe friction, and occasionally pounding the parts affected with a wooden hammer, resolved to make the experiment on the right eye: after persevering with great fortitude in this plan for about a month, he found that he could discern a luminous body, and by continuing the practice a few

weeks longer, the diseased lens gradually diminished, and the gallant admiral is enabled to read small print. By the same practice he has also effectually cured himself of gout, to which he had been many years a martyr. There is a great difference of opinion existing between surgeons and occulists concerning the advantages of depression and extraction of the lens. Upon a fair detail and comparison of the advantages and disadvantages attending each, the preference is justly due to depression, so far as the patient is concerned, although extraction is more beneficial to the operator. The arguments adduced by Baron Wenzel, and the objections to the operation of depression, must appear to every experienced surgeon invalid, and not the result of *unprejudiced* experience, or even of a candid regard for truth. That able and ingenious surgeon, Mr. Hay, of Leeds, in his invaluable publication, entitled "*Practical Observations on Surgery*," very ably and satisfactorily confutes the arguments employed by Baron Wenzel and Mr. Ware, in favour of extraction; and after thirty years practice in diseases of the eye, states that *experience* has led him to prefer the mode of depression. If the operation of couching were performed by a pair of scissars, of the size of the usual needle, it might be divided after the depression into the inferior part of the eye, before the instrument be withdrawn, which, in my opinion, would not prevent its rising in the way of the axis of the eye, but ensure its dissolution and absorption.

I am, Gentlemen,
Your obedient Servant,

RICHARD REECE.

Communication on Tinea Capitis.

THERE are many diseases, apparently simple, which much perplex a surgeon in his treatment of them. I know of none more so than Tinea Capitis, or Scald Head. In obstinate cases, I have found it resist every local application of the most powerful kind, whether in the form of lotion or liniment; and it has only yielded at last to the radical cure of extracting most of the hairs by the roots. From this obstinacy of the disease, I have long suspected its being rather a constitutional than local affection; and that in all cases this circumstance should be held in recollection. Small doses of calomel do not succeed here in the worst cases; a proof that it is not (if sometimes) always connected with a specific cause; and I would rather attribute it to a scrofulous origin, and keep the indications employed for the treatment of this last disease in view. Since I proceeded on this plan, and administered steel internally in liberal doses along with the usual local remedies of the stimulant and gently escharotic kind, I have never failed in a single instance. It is clearly a disease of debility; and whether this debility is of a peculiar species, or not, strengthening the habit by the use of powerful tonics will tend to remove the cause, and allow the local remedies to have their full influence. If this suggestion should lead any of your correspondents to take up the subject, and point out a preferable plan from their own experience, they will do a service to most practitioners, and to none more than to,

A CONSTANT READER.

Cambridge, Dec. 5, 1808.

P. S. Tinea often occurs in adults. Where it does, it is generally connected with a siphylitic taint, and yields readily to small doses of calomel internally, and the following liniment, *viz*: equal parts of the tar ointment, the citrine (nitrated mercurial) ointment and the sulphur ointment regularly employed.

IBID.

Remarks on Sphacelus of the Toes and Feet, by a member of the Royal College of Surgeons.

HAD all writers given, like Wiseman, a detail of their unsuccessful practice, our professional knowledge would by this time have largely accumulated.

I am not without hope that the following communication of my successless treatment in cases of Sphacelus of the Toes and Feet, denominated by some surgeons as Mr. Pott, mortifications of these parts, will not be without its use. No writer has since added to the stock of information on this subject with which Mr. Pott favoured the public. The object of his publication was to recommend in a curative point of view the internal use of opium; a remedy which, in the several cases in which I have tried it, seems entirely undeserving any eulogium.

It would be proper to premise that it has frequently fallen to my lot to treat mortifications arising from cold, inflammation or accident; but in none of these cases did the quantity of opium required to allay irri-

tation justify me in considering it as possessing any thing like a claim to the character of being a specific remedy, as intimated by that writer. In those cases of mortification analogous to the instances described by Mr. Pott, I have not succeeded in arresting the progress of sphacelus, and in some cases failed of procuring ease. From the encomiums given to this drug by Mr. Pott, had I not attentively perused the account this author has communicated to the profession, I should have been led to conclude that we had been treating different varieties of mortification.

I have directed this medicine to be given in gradually increased doses; but it had no influence over the complaint, for my patients died.

This event, however discouraging, determined me, upon the first case of painful affection of the toes, to try the efficacy of the remedy previous to the existence of mortification, having, upon enquiry of every patient, found that they had for days, in some instances weeks, experienced excruciating torture in their feet before the part manifested any change of colour or appearance of disease.

An opportunity soon presented itself to my notice in the person of Mary Evans, a robust woman of the age of forty. She applied to me on account of extreme pain which she felt in her toes, which she described as of a shooting and fiery nature, depriving her of rest. I informed her that her feet did not seem in their appearance, or on handling them, in the least disordered, but that I would direct a medicine for her which I hoped would relieve her. I ordered her twelve pills of the extract of opium, containing each a grain

and a half, of which she was to take one every hour until ease was procured. After the eighth hour by this mode of treatment she became perfectly easy.—To ascertain the credit due to the remedy, I caused more than once pills to be sent of the same number and complexion, but containing only half the quantity of opium. She did not seem aware of any imposition having been practised upon her, but asked if her pills were the same, as her pains had returned, though in a weaker degree: upon which communication I ordered 12 grains of the narcotic to be daily taken for the space of a month, when the proportion of the opium was afterwards gradually reduced. She is now in good health, but always describes her sufferings at the time to have been dreadfully severe until she took the pills.

It is some years since the occurrence of this case; but I have succeeded also in two other cases by this practice in alleviating and removing this very painful affection of the feet. I most perfectly accord with Mr. Pott in the propriety of adopting the mildest external applications: the linseed poultice was the external means I used in those cases in which mortification had made its appearance previous to my being consulted. It may be right to observe, that the patients always complained, if the cataplasm was more than lukewarm, of their sufferings being increased by it. The intelligent reader will determine for himself what degree of reputation opium merits as a probable preventive to the occurrence of sphacelus, if resorted to before there is any manifestation of disorder in the feet.

It having been suggested by a friend to give an account of some of the cases of mortification of the feet

in which opium was taken internally without any advantage, I beg to think differently from this gentleman, believing that the sheets of *the Medical and Surgical Spectator* might be more usefully occupied.—Suffice it to say that my practice in these cases has always been open to the observations of other practitioners. IBID. NO. 7.

Death of Professor Woodhouse.

Died on Sunday afternoon, June 4th, 1809, in the 39th year of his age, Dr. JAMES WOODHOUSE, late Professor of Chemistry in the University of Pennsylvania.

Testimony of respect to the late Professor Woodhouse.

At a full meeting of the Medical Class of the University of Pennsylvania, held at Philadelphia June 7th, 1809, the following resolutions were unanimously adopted.

1st. Resolved, That in testimony of the high respect and affectionate attachment which we entertain for the late Professor Woodhouse, that each of us will wear crape on the arm for the space of one month.

2d. Resolved, That Professor Barton be requested to prepare an eulogium on the late Professor Woodhouse, to be pronounced before the Medical Class at their meeting next season.

Vacant Professorship of Chemistry filled.

At a meeting of the Trustees of the University of Pennsylvania, on Monday, July 10, 1809, JOHN REDMAN COXE, M. D. was appointed Professor of Chemistry in that University, in place of Dr. James Woodhouse, lately deceased.

Med. & Phil. Journal & Review No. 2.

Mac.r Godefroy Del.

For the Balt. Med. & Phys. Recorder.

C. Tiebout Sc.

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